

# **IIC Needs Assessment Summary**

## **2005 Needs Assessment Summary – 2006 Update**

### **Introduction**

In 2004 and 2005, the Washington State Office of Maternal and Child Health (OMCH) undertook the process of creating a comprehensive strategic planning framework to identify and address the needs of the maternal and child population. This endeavor involved both internal partners within the Department of Health (DOH) and external partners. OMCH used the lessons learned from the 2000 Needs Assessment (NA) to develop the process and resulting priorities for the 2005 NA. The 2005 NA involved a three-step process: 1) Identifying the needs of the population, 2) Assessing the capacity within the state to meet those needs, and 3) Prioritizing the needs. The priorities will most likely remain constant over time. However, the activities addressing each of them are dynamic and OMCH will continue to evaluate and adapt them for sustainability.

### **2000 Needs Assessment: Methodological and Process Changes since 2000**

The 2000 NA focused on Maternal and Child Health Bureau (MCHB) Block Grant measures and used specific indicators for the basis of selecting priorities. OMCH used a program-specific approach with three parallel processes led by OMCH Assessment staff. Stakeholders and OMCH staff prioritized the indicators during meetings and retreats. The process resulted in ten priorities and two overarching goals (health disparities and family inclusion).

OMCH learned valuable lessons from the 2000 NA process including: the process was too labor intensive for sustainability, programs were inconsistent in using OMCH priorities for planning, and the process was not connected to other strategic planning efforts. Staff agreed that a more comprehensive approach to health promotion was needed. OMCH combined its vision, experience gained from the 2000 NA Process, and external/internal changes to develop a new process for the 2005 Needs Assessment.

After a series of internal and external changes, OMCH established a Needs Assessment Steering Committee in 2002. External changes included the election of a new Governor and the resulting formation of Government Management, Accountability, and Performance (GMAP), which emphasized performance assessment and measurable results. In addition, state resources were limited and OMCH funding was reduced. Internally, staffing changes and a greater emphasis on data-based decision-making occurred. These changes resulted in enhanced development of reports used for planning, evaluation, and policy development and increased surveillance capacity. All changes proved to be motivators for the creation of a strategic framework to identify the priority needs for the 2005 NA process.

### **2005 Needs Assessment: Process and Partnership Building/Collaboration**

OMCH developed a framework for developing Washington State MCH priorities by combining guidance from MCHB with strategic planning efforts. The guiding principles for priority development included: 1) Commitment by the OMCH Management Team to lead the NA; 2) Focus on promoting health and wellness; 3) Commitment to incorporate the NA into system-wide strategic planning for OMCH; 4) Integration of work activities across all OMCH sections; 5) Involvement of staff in integrated work groups; and 6) Use of existing stakeholder groups to gather input, review process, and validate results.

A series of events took place within the strategic framework. First, OMCH identified four population groups served by one or more OMCH sections (MCH Assessment, Children with Special Health Care Needs, Child and

Adolescent Health, Genetic Services, Immunization Program CHILD Profile, and Maternal and Infant Health). The four population groups were: pregnant women and women of childbearing age; infants; early childhood; and school-age children. Issues under the purview of the Genetic Services, Children with Special Health Care Needs, and Immunization Program CHILD Profile Sections were interwoven throughout each population group. Concurrently, the NA Steering Committee assessed statewide reports and activities that addressed unmet needs in the maternal and child population. In the fall of 2003, NA process presentations were given to OMCH staff and managers and to local public health staff at MCH regional meetings and Public Health Nursing Director meetings. Local public health staff also received a capacity survey to measure unmet local health needs. Stakeholders were identified, and partnerships built based on the multidisciplinary activities occurring throughout the state. Stakeholders included the Perinatal Advisory Committee; University of Washington School of Nursing; Department of Social and Health Services; the Women, Infants and Children (WIC) nutrition program; Regional Perinatal programs, March of Dimes, Healthy Mothers Healthy Babies (now known as WithinReach), Children’s Hospital and Regional Medical Center, Genetics Advisory Committee, and public health nursing directors from local health jurisdictions.

Subsequently the OMCH Management Team created cross-sectional workgroups that included members from each OMCH section to develop priorities for the four population groups. These priorities were developed using a logic model framework. Staff received training on logic model development. After the workgroups developed lists of priorities, OMCH distributed the lists to stakeholders for ranking by importance. The priorities were then rolled up into 10-15 draft priorities per population for a total of more than 40 priorities. Using stakeholder input, the workgroups then developed draft logic models for each priority. The workgroups recognized a strong overlap of priorities and consolidated the original list into nine MCH priority needs for Washington State.

Throughout 2005 and 2006 OMCH continued to refine the priority needs. As a result, the priority needs have been modified from those described in the 2006 MCH Block Grant Application and 2004 Report. The Healthy Physical and Social Environments/Communities and the Safe Environments/Communities priority needs are now represented by a single priority need: Safe and Healthy Communities and Environments. A priority regarding health disparities has been added and is under development.

## Priority Needs

The following table is a crosswalk between previous and current priority needs, not in order of prioritization. Priorities four and five have been modified from last year to reflect new divisional strategic planning goals.

Comparison of Needs Assessment Priorities	
2005	2000
1. Adequate nutrition and physical activity	2. Improving oral health status and access to oral health care services 10. Improve nutritional status
2. Lifestyles free of substance use and addiction among adolescents and women	9. Decrease tobacco use
3. Optimal mental health and healthy relationships	7. Improving mental health status.
4. Note: A priority to address health disparities is under development	
5. Safe and healthy communities and environments	5. Decreasing family violence
6. Healthy physical growth and cognitive	

Comparison of Needs Assessment Priorities	
2005	2000
development	
7. Sexual health and sexual responsibility	6. Decreasing unintended pregnancy and teenage pregnancy.
8. Access to preventive and treatment services	1. Improving access to comprehensive prenatal care. 2. Improving oral health status and access to oral health care services
9. Quality screening, identification, intervention and care coordination	1. Improve access to comprehensive prenatal care. 4. Improving early identification, diagnosis and intervention services and coordination of services 3. Improving the coordination of services for children with special health care needs.
	8. Ensuring surveillance capacity for children with special health care needs.

In 2005, three priorities (3, 8, and 9) were selected for strategic planning development for the 2005 Needs Assessment. The OMCH Management Team completed the strategic planning process for the remaining priorities in 2006. Strategic planning for priorities 3, 8, and 9 took place at retreats in which the OMCH Management Team reviewed the logic models, identified and evaluated current activities and best practices, and discussed proposed activities. The work at the retreats produced the following: key outcomes for each priority; new targets for related block grant measures; new targets for state performance measures; revised logic models; and issue briefs for each priority. The OMCH Management Team further developed the remaining priorities throughout 2005. This included developing activity matrices and issue briefs for each priority. Draft Issue Briefs for priorities 1 through 3 and 5 through 9 are in Appendix A. Concurrently, in an effort to facilitate communication and reduce duplication of efforts while involving stakeholders and consumer input, the NA process included a contact person from the following assessment activities: CSHCN Road Show, Children's Mental Health Needs Assessment, Adolescent Plan Development, Growing Up Healthy, Obstetric Provider Focus Groups, First Steps Redesign, Early Childhood Comprehensive Systems Grant, and the Genetics Issues Living Room Forums. Results from these assessment activities were included in the 2005 NA Process and the 5 year needs assessment is being used by staff as they continue their strategic planning activities with their individual stakeholder groups.

The strategic planning framework was highly successful and allowed for the identification of challenges such as: identifying and consistently using best practices; balancing resources with new and existing activities; adapting to political changes; satisfying the MCHB Block Grant Guidance and timeframe while allowing for appropriate priority development; and integrating with other statewide efforts. OMCH ultimately seeks maintenance and sustainability of the strategic framework process. In the next three years, OMCH will do the following: identify priorities that apply to all populations; complete strategic planning process; receive continuous feedback from stakeholders; set realistic targets; orient OMCH staff so that they are all able to understand and explain their roles and the strategic planning process among DOH programs; achieve continuous data usage; keep logic models up to date; and continue to monitor and evaluate progress.

## Appendix A

## OMCH Priorities

Adequate nutrition  
and physical activity

Lifestyles free of  
substance use and  
addiction

Optimal mental  
health and healthy  
relationships

Health disparities  
(TBD)

Safe and healthy  
communities

Healthy physical  
growth and cognitive  
development

Sexual health and  
sexual responsibility

Access to preventive  
and treatment  
services

Quality screening,  
identification,  
intervention, and  
care coordination

## Introduction, Background, and Resources for the OMCH Priority Issue Briefs

### Introduction

Every five years the Office of Maternal and Child Health (OMCH) undertakes a comprehensive needs assessment process that includes priority setting. The priorities serve to focus local and state public health activities on specific goals for achieving improved health outcomes for the maternal and child population. The activities that support each priority are dependent on a number of factors and may change over time in order to better meet the priority. The priorities themselves remain constant until a subsequent needs assessment reveals that the priorities should change.

OMCH created an issue brief for each of the nine priorities identified in the 2005 Five-Year Needs Assessment. Each issue brief is an overview of data, expected outcomes, and activities supported by OMCH with respect to a specific maternal and child health priority for Washington State.

### Background: Identifying Priorities

Creating healthy women, infants, children, and adolescents in Washington served as the central theme and vision for the 2005 Five-Year Needs Assessment. The needs assessment process began by asking the question, “What do we need to do to create a healthy maternal and child population?” After extensive research and stakeholder input, thirty topics, called domains, were identified among the following four subpopulations within the maternal and child population: pregnant women and women of childbearing age; infants; young children (1-5 years); and youth or school-age children (6 -18 years). Logic models for each domain revealed substantial overlap among the four subpopulations. As a result, the original thirty domains were consolidated to create Washington’s nine priorities, which are listed on the left side of this page.

# Resources

The current drafts of the issue briefs are intended for OMCH staff and public health partners. OMCH will develop versions of the issue briefs for wider distribution in the future.

Additional information can be obtained from the following documents. Other resources are identified in the reference section of each issue brief. Because they are still under development, some of the following resources are available for internal distribution only.

**Logic models** and **priority matrices** are located on the shared internal network in this directory:  
S:\CFH\MCH\COMMON\Logics Models.

**Washington State's Maternal and Child Health Title V Block Grant Annual Application and Report** and **Five Year Needs Assessment** can be viewed on-line via the Maternal and Child Health Bureau's Web site:  
<http://www.mchb.hrsa.gov/>.

*Healthy People 2010* information is available on-line at: <http://www.healthypeople.gov/>.

**Washington State's Public Health Improvement Plan** (PHIP) is available on-line at:  
<http://www.doh.wa.gov/PHIP/default.htm>.

**Washington State Department of Health Strategic Plan 2005-2007** is available on-line at:  
[http://www.doh.wa.gov/strategic/StratPlan03\\_05\\_ed1.pdf](http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf).

**The Health of Washington State** reports are available on-line at: <http://www.doh.wa.gov/HWS/default.htm>.

**The 2006 MCH Data and Services Report** and other **OMCH publications** are available on-line at:  
[http://www.doh.wa.gov/cfh/mch/mch\\_publications.htm](http://www.doh.wa.gov/cfh/mch/mch_publications.htm).

# OMCH Priority Issue Brief

## OMCH Priorities

### Adequate nutrition and physical activity

Lifestyles free of substance use and addiction

Optimal mental health and healthy relationships

Health Disparities (TBD)

Safe and healthy communities

Healthy physical growth and cognitive development

Sexually responsible and healthy adolescents and women

Access to preventive and treatment services

Quality screening, identification, intervention, and care coordination

## Adequate Nutrition and Physical Activity

### Focus

This priority focuses on promoting adequate nutrition and physical activity for all women and children and of the use of folic acid by pregnant women and women of childbearing age. Emphasis is placed on promoting healthy weight, decreasing hunger, increasing access to healthy food choices, and encouraging active lifestyles.

Access to adequate nutrition is important for reducing hunger and conditions related to poor nutrition. Improved nutrition and adequate physical activity can lead to healthier children who are better prepared to learn and who develop life-long healthy habits. Making healthy food choices and getting adequate exercise can contribute to better pregnancy outcomes.

Activities that promote adequate nutrition and physical activity for the maternal and child population include direct services, policy development, education, and research and surveillance.

### Objectives and Expectations

The objective of efforts to promote adequate nutrition and physical activity is to provide opportunities for women, children, and families in Washington to learn about, have access to, and adopt healthy lifestyle choices that include eating well and exercise.

We expect the following outcomes as a result of these efforts:

- ♦ More children and adolescents who get an adequate amount of exercise and fewer overweight or obese children and adolescents;
- ♦ Healthier women who gain an appropriate amount of weight during pregnancy and give birth to healthy infants with a decreased risk of mortality;
- ♦ More infants born at full term and at a healthy weight; and
- ♦ More women who breastfeed their infants.

# Key Data from Washington

## Youth Nutrition, Obesity, and Physical Activity

Based on self-reported height and weight measurements, approximately 10% of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders in Washington are overweight.<sup>1</sup>

In 2004, 77% of 8<sup>th</sup> grade students and 70% of 10<sup>th</sup> graders reported that they participated in vigorous cardiovascular exercise (equivalent to at least 20 minutes on three or more days a week). This percentage dropped to 61% among 12<sup>th</sup> grade students.<sup>1</sup>

Only 26% of 8<sup>th</sup> graders, 23% of 10<sup>th</sup> graders, and 22% of 12<sup>th</sup> graders report that they eat the recommended amount of fruits and vegetables each day.<sup>2</sup>

## Healthy Weight and Adequate Nutrition Before and During Pregnancy

Taking 400 micrograms of folic acid, a B-vitamin, before and very early in pregnancy can help prevent up to 70% of brain, spine, and spinal cord birth defects. The 2005 March of Dimes Gallup Survey indicated a decline in the number of women in the United States of childbearing age who take daily folic acid supplements. In 2005, only 33% of women reported taking folic acid supplements compared to 40% in 2004.<sup>3</sup>

Approximately 28% of women ages of 18 years and older consume fruit and vegetables at least five times each day.<sup>4</sup>

## Low Birth Weight and Infant Mortality<sup>5</sup>

Newborns weighing less than 2,500 grams (5.5 pounds) are considered underweight at birth. Six percent of infants born in Washington in 2004 weighed less than 2,500 grams.

In 2004, Washington's rate of infants who died during the first year of life was 5.5 infants per 1,000 live births.

## Disparities

Approximately 15% of 10<sup>th</sup> grade students reported that their families skipped or reduced meals during the previous 12 months because there was not enough money to buy food.<sup>6</sup>

According to the 2004 Healthy Youth Survey, 12% of youth who have some type of disability reported that they were overweight compared to 9% of youth who did not have any disability.



# Activities

OMCH provides technical and or financial support to other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities to deliver direct services, develop health education materials, conduct research, and build systems to improve public health. Listed below are some OMCH-supported activities related to promoting adequate nutrition and physical activity. The goal of these activities is to promote healthy weight, decrease hunger, and increase access to healthy food choices through direct services, policy development, education, and research and surveillance.

## Pregnant Women and Women of Childbearing Age

### Direct Services

- Low-income pregnant and postpartum women receive a visit from a registered dietitian that includes counseling about proper nutrition, food insufficiency, weight, and exercise related to their health and birth outcomes through Maternity Support Services (MSS).
- MSS provides screening, referrals, and basic health messages around proper nutrition, food insufficiency, and exercise to low income pregnant and postpartum women to promote healthy lifestyles.
- MSS coordinates services with other programs such as Women, Infants, and Children (WIC) and Head Start to provide seamless transitions to different nutrition services.

### Policy Development

- OMCH monitors legislation and promotes policies that improve the nutritional status of women of childbearing age and promote healthy life styles including increased physical activity for pre-conception and pregnant women.
- OMCH collaborates with the WIC program to ensure complementary policies between MSS and WIC.

### Education

- Educational materials, such as *9 Months to get Ready* and health education materials focusing on physical activity and healthy lifestyles for college women and the general female population, are developed and disseminated to health care providers who use them to educate clients.
- Health care providers are trained to screen and work with clients to change behaviors related to physical activity, body mass index (BMI), fruit and vegetable consumption, and folic acid supplementation.
- MSS coordinates provider trainings with the state WIC office to increase the number of providers in MSS who are trained on nutrition topics and education techniques.
- Web-based training is encouraged to allow MSS providers easy access to nutrition trainings.

## Infants, Children, and Youth<sup>a</sup>

### Direct Services

- MSS provides education that includes recommended nutrition and feeding practices to moms with infants less than two months of age to promote a healthy start.
- Moms receive support and are encouraged to breastfeed their infants.
- Families are linked with nutrition resources.

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<sup>a</sup> Infants are defined as those that are age birth to 1 year. Children are defined as those between the ages of 1 and 5 years. Youth are those between the ages of 6 and 18 years. Some activities target all ages and/or apply to families.

- Services provided by Community Feeding Teams, Children with Special Health Care Needs Coordinators, the Children with Special Health Care Needs Nutrition Network, and the Medical Home Leadership Network are coordinated and integrated within local health jurisdictions.
- Eligible families receive medically necessary metabolic formulas and other nutrition products not covered by Medicaid through the State Department of Health's Children with Special Health Care Needs 'last-resort' fund.

### Policy Development

- OMCH monitors proposed and enacted legislation related to nutrition and physical activity for the maternal and child population such as legislation affecting breastfeeding, infant nutrition, physical activity in schools, and school nutrition programs.
- MSS and WIC collaborate to ensure complementary policies.
- The Community and Family Health Nutrition Workgroup and the statewide Anti-Hunger Coalition address issues related to physical activity and nutrition, share information on activities, and promote collaboration.
- OMCH works with partners and monitors legislation affecting school health policies on nutrition and physical activity policies for all children including children with special health care needs.
- OMCH collaborates with Medicaid on developing state regulations (Washington Administrative Code (WAC)) with respect to medical nutrition therapy and medical nutrition product billing instructions.
- Proposed future policy development activities include:
  - Partnering with social networks and community coalitions that address hunger and food production;
  - Collaborating with state and local governments to develop policies, laws, and regulations that support basic nutrition and physical activity; and
  - Promoting safe, affordable environments for physical activity.

### Education

- Educational materials, such as *9 Months to get Ready*, are developed and distributed to health care providers who use them to educate clients.
- Child Care Health Consultants in local health districts receive training on nutrition and physical activity for young children.
- *Kids Matter: Improving Outcomes for Children in Washington State* (developed through the Early Childhood Comprehensive Systems grant) is a plan for promoting strategies for raising provider and parent awareness of breastfeeding and improved nutrition for children age birth to kindergarten entry.
- Bright Futures<sup>b</sup> concepts and materials are integrated into existing health programs.
- All families of children ages 0-6 years receive CHILD Profile messages on health, nutrition, safety, behavior, and development.
- Public health messages that promote nutritious eating habits and use of safety equipment during physical exercise are developed and disseminated.
- Adolescent health fact sheets on physical activity and nutrition are developed and disseminated to local health jurisdictions, school nurses, and private-practice health care providers.
- Proposed future education activities include:
  - Increasing awareness, knowledge, and motivation among adults regarding improving nutritional status for children;
  - Promoting the nutritional benefit of families eating together.

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<sup>b</sup> Bright Futures is a set of nationally developed health guidelines. <http://www.brightfutures.aap.org/web/>.

Working with health plans to pilot an adolescent health mailing in King and Snohomish counties using CHILD Profile;

Supporting the Children with Special Health Care Needs Nutrition Network, Children with Special Health Care Needs Feeding Team Network, and Medical Home Leadership teams; and

Participating in joint trainings for nutritionists with WIC.

## Families

### Direct Services

- ♦ Infants, children, and adults with phenylketonuria (PKU) and maple syrup urine disease receive nutritional supplements.
- ♦ Families receive referrals and linkages from the WithinReach Family Health<sup>c</sup> Hotline regarding nutrition resources, WIC, Head Start, food banks, food stamps, local free meals, MSS, breastfeeding consultants and resources, and medical care. Referral Specialists provide eligibility screenings for many programs such as, Medicaid, MSS, and WIC.

### Policy Development

- ♦ OMCH works with WithinReach: Essential Services for Families to build partnerships and coalitions within the maternal and child health community. These partnerships help shape the best services and policies for pregnant women, children, and families in Washington State.

### Education

- ♦ Ongoing education is provided to families of individuals with phenylketonuria (PKU) or maple syrup urine disease regarding nutrition and health.
- ♦ Proposed future education activities include:
  - Developing intergenerational messages and approaches.

## Research, Surveillance, and Best Practices

### Data

- ♦ Data on nutrition and healthy lifestyles are gleaned through surveys such as the Behavioral Risk Factor Surveillance Survey (BRFSS), the Pregnancy Risk Assessment and Monitoring System (PRAMS), and the Healthy Youth Survey and analysis of other available data such as birth and death certificate data, WIC data, and data from the college BRFSS database.
- ♦ Data are used to monitor progress, disseminate findings, and develop programs.
- ♦ Proposed future research and surveillance activities include conducting a college health project involving three focus groups of college women and/or a phone survey of college students regarding preconception related health services in Washington State.

### Examples of Best Practices

- ♦ Bright Futures health education materials
- ♦ “Children with Special Health Care Needs: Nutrition Care Handbook” (2004)

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<sup>c</sup>The Family Health Hotline used to be known as Health Mothers Healthy Babies (HMHB) Hotline. The organization that operates the hotline recently changed its name from ‘Healthy Mothers, Healthy Babies’ to ‘WithinReach: Essential Resources for Family Health’ and it operates several other hotlines in addition to the Family Health Hotline.

- “Medicaid Reimbursement for Medical Nutrition Products and Nutrition Services for Children with Special Health Care Needs” (2004)
- “Nutrition Interventions for Children with Special Health Care Needs” (2002)
- “Cost Considerations: The Benefits of Nutrition Services for a Case Series of Children with Special Health Care Needs in Washington” (1998)

## Other Public Health Agendas

By identifying adequate nutrition and physical activity as a priority for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington’s public health system. Each of these emphasizes the importance of physical activity and nutrition in improving public health.

## Healthy People 2010

Healthy People 2010 identifies ten leading health indicators<sup>7</sup> for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making and will be used to measure the health of the nation over the next ten years. Two of the leading health indicators related to nutrition and physical activity are “Overweight and Obesity” and “Physical Activity.”

There are over 30 objectives that measure these and other related indicators in the Healthy People 2010 report. Some of the objectives that measure progress for these indicators in the maternal and child population are:<sup>d</sup>

- Reduce low birth weight (LBW) and very low birth weight (VLBW). (16-10)
- Increase the proportion of pregnancies begun with an optimum folic acid level. (16-16)
- Reduce the proportion of children and adolescents who are overweight or obese. (19-3c)
- Increase food security among U.S. households and in so doing reduce hunger. (19-18)
- (Developmental) Reduce the proportion of people with disabilities reporting environmental barriers to participation in home, school, work, or community activities. (6-12)
- Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days. (22-6)

## Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)<sup>8</sup> identifies five key determinants of health: environment (5%), medical care (10%), social circumstances (15%), genetics (30%), and behavior (40%). The PHIP focuses attention on the determinants that have the greatest effect on health and well-being. The PHIP establishes 52 health status indicators under six broad areas. Overall health is the first area and it includes indicators related to general physical health. A few of the PHIP health indicators used to assess behaviors related to nutrition and physical activity are:

Percent of adults who report eating fruits and vegetables five or more times per day;

<sup>d</sup> The number in parentheses represents the objective number. Healthy People 2010 objectives can be found in Healthy People 2010 Volumes I and II online at: <http://www.healthypeople.gov/Publications/>.

Percent of 10<sup>th</sup> graders who report eating fruits or vegetables five or more times per day in the past week;  
Percent of 10<sup>th</sup> graders who report meeting recommendations for vigorous physical activity; and  
Percent of adults meeting recommendations for moderate or vigorous physical activity through work or leisure.

## Department of Health Strategic Plan

The Department of Health Strategic Plan<sup>9</sup> created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include addressing the incidence of chronic disease and using the PHIP key health indicators described above to guide decision-making.

## Division of Community and Family Health Strategic Plan

The Strategic Plan for the Division of Community and Family Health is under development. A discussion will be added at a later date.

## Related Issues

Other OMCH priorities encompass issues related to physical activity and nutrition. Information about physical activity and nutrition related to child and adolescent development and safe and healthy communities can be found in the following issue briefs: Safe and Healthy Communities; and Healthy Physical Growth and Cognitive Development.

## OMCH Priorities

Adequate nutrition  
and physical activity

**Lifestyles free  
of substance  
use and  
addiction**

Optimal mental  
health and healthy  
relationships

Safe and healthy  
communities

Healthy physical  
growth and cognitive  
development

Sexually responsible  
and healthy  
adolescents and  
women

Access to preventive  
and treatment  
services

Quality screening,  
identification,  
intervention, and  
care coordination

## Lifestyles Free of Substance Use and Addiction

### Focus

This priority focuses on preventing the use of tobacco and illicit drugs among adolescents, pregnant women, and women of childbearing age. It also focuses on preventing alcohol use among adolescents and pregnant women, and promoting responsible alcohol use among women of childbearing age. Activities that promote lifestyles free of substance use and addiction emphasize education and intervention.

### Objectives and Expectations

The objective of the lifestyles free of substance use and addiction priority is to decrease the number of women, infants, children, and adolescents who are at risk for adverse effects related to tobacco, alcohol, and illicit drugs. We expect that efforts to educate the maternal and child population about tobacco, alcohol, and drugs will result in:  
More women, youth, and adolescents who choose not to use tobacco, abuse alcohol, or use illicit drugs;

More pregnant women who experience pregnancies free of tobacco related complications and more infants born at full term and at a healthy weight;

More infants and young children who are free from health complications related to secondhand smoke;

More infants born without alcohol related birth defects and developmental disabilities;

More youth and adolescents who make healthy decisions and adopt healthy behaviors; and

More youth who delay their first experiences with addictive substances.

# Key Data from Washington

## Smoking and Alcohol Use During Pregnancy<sup>10</sup>

Tobacco smoking among women who gave birth in Washington State decreased significantly from 19.9% in 1992 to 10.8% in 2003.

Smoking during pregnancy was highest among women 15-19 years of age and decreased with age up until 35 years.

From 2001-2003, an estimated 49% of new mothers reported drinking alcohol during the three months before becoming pregnant. Six percent reported drinking alcohol during their third trimester of pregnancy.

## Substance Use in Adolescents<sup>11</sup>

Regular tobacco use (tobacco use every day for the past 30 days) has decreased overall among adolescents since 2002. However, among adolescents who regularly use tobacco, use increases as students get older. Less than 1% of 6th graders, about 1% of 8th graders, 3% of 10th graders, and 6% of 12th graders report regular tobacco use.

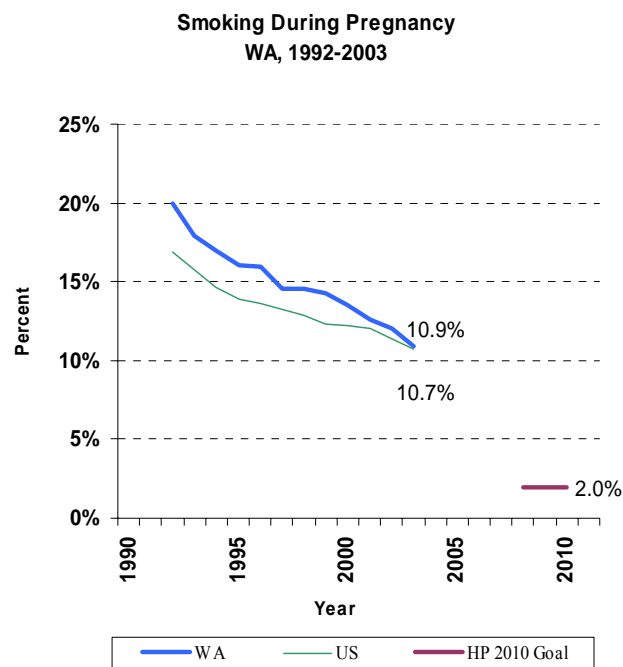
In 2004, an estimated 4% of 6th graders, 18% of 8th graders, 33% of 10th graders, and 43% of 12th graders used alcohol in the past 30 days.

Between 2% and 8% of students reported ever using methamphetamine, cocaine, steroids, or ecstasy in their lifetime. For example, about 3% of 8th graders, 5% of 10th graders, and 6% of 12th graders reported ever using methamphetamine. About 3% of 8th graders, 6% of 10th graders, and 8% of 12th graders reported ever using cocaine.

## Disparities<sup>12</sup>

American Indian/Alaska Native women, Non-Hispanic women, and Native Hawaiian/Pacific Islander women were more likely to report smoking during pregnancy than women of other races/ethnicities.

Women on Medicaid, especially women receiving Temporary Assistance for Needy Families (TANF), were more likely to report smoking during pregnancy compared to Non-Medicaid women.



# Activities

OMCH provides technical and or financial support to other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities to deliver direct services, develop health education materials, conduct research, and build systems to improve public health. Listed below are some OMCH-supported activities related to this priority. Activities that promote lifestyles free of substance use and addiction focus on assurance, policy development, education, and research and surveillance.

## Pregnant Women and Women of Childbearing Age

### Assurance

- ♦ Promote tobacco cessation through the First Steps Tobacco Cessation performance measure.
- ♦ Provide First Steps Maternity Support Services (MSS) such as screening, referral, and interventions to promote healthy lifestyles for low-income pregnant women.
- ♦ Support the Healthy Families Hotline<sup>e</sup> to link people to services.

### Policy Development

- ♦ Collaborate with the Department of Health Tobacco Program to develop and promote tobacco cessation policies.
- ♦ Monitor legislation to promote lifestyles free of substance use and addiction.
- ♦ Participate in the *Solutions for Chemically Dependent Families State Team*, to develop inter-agency approaches related to substance use during pregnancy.
- ♦ Increase referrals to Quit Line for non-pregnant women and expand Quit Line to serve non-pregnant women and men.

### Education

- ♦ Develop and disseminate intervention and resource materials for health care providers.
- ♦ Promote the use of Washington State Tobacco Quit Line and the FAX Referral Program among health care providers and the public.
- ♦ Collaborate with the Department of Health Tobacco Program to provide cessation trainings to First Steps providers.
- ♦ Develop and disseminate CHILD Profile health promotion messages to all families of children ages 0-6 years.
- ♦ Develop and disseminate preconception health education materials for women.

## Infants, Children, and Youth<sup>f</sup>

### Policy Development

- ♦ Disseminate “Guidelines for Testing and Reporting Drug Exposed Newborns.”
- ♦ Implement recommended strategies from the Washington Healthy Youth Plan.
- ♦ Coordinate with Department of Social and Health Services Division of Alcohol and Substance Abuse on age of consent issues regarding access to substance use treatment services.

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<sup>e</sup> The Family Health Hotline used to be known as Health Mothers Healthy Babies (HMHB) Hotline. The organization that operates the hotline recently changed its name from ‘Healthy Mothers, Healthy Babies’ to ‘WithinReach: Essential Resources for Family Health’ and it operates several other hotlines in addition to the Family Health Hotline.

<sup>f</sup> Infants are defined as those that are age birth to 1 year. Children are defined as those between the ages of 1 and 5 years. Youth are those between the ages of 6 and 18 years. Some activities target all ages and or apply to families.



- ♦ Collaborate with Department of Health Tobacco Program to implement youth-focused tobacco prevention campaign.

## **Education**

- ♦ Train providers in *Keys to Care Giving*, *NCAST*, *First Relationships*, and effects of secondhand smoke.
- ♦ Disseminate best practice materials that encourage providers to screen and intervene.
- ♦ Disseminate hospital guidelines for testing and reporting substance-exposed newborns.
- ♦ Disseminate Bright Futures materials through local health agencies to Head Start, Early Childhood Education and Assistance Program (ECEAP), and health care plans.
- ♦ Educate First Steps families to reduce secondhand smoke exposure.
- ♦ Proposed future education activities include:
- ♦ Developing and disseminating educational materials targeting teens.

## **Research, Surveillance, and Best Practices**

### **Data**

OMCH maintains data from surveillance systems that track tobacco and substance use. Surveillance systems include:

- ♦ Pregnancy Risk Assessment Monitoring System (PRAMS)
- ♦ First Steps data base
- ♦ Behavioral Risk Factor Surveillance System (BRFSS)
- ♦ Vital Statistics (birth and death certificates)
- ♦ National Survey of Children with Special Health Care Needs
- ♦ National Child Health Survey
- ♦ Healthy Youth Survey

### **Best Practices**

These trainings are based on Best Practices: *Keys to Care Giving*, *NCAST*, and *First Relationships*.

- ♦ Encourage brief intervention for substance use, including tobacco, in women's health care settings including primary care, prenatal care, and family planning.
- ♦ The Washington State Tobacco Quit Line Fax Referral Program for pregnant women increases the quit attempt rate.

## **Other Public Health Agendas**

By identifying lifestyles free of substance use and addiction as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining lifestyles free of substance use and addiction in improving public health.

## Healthy People 2010

Healthy People 2010 identifies ten leading health indicators<sup>13</sup> for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives in 28 focus areas will be used to measure the health of the nation over the next ten years. “Tobacco use” and “Substance abuse” are the leading health indicators most closely related to this OMCH priority.

Some of the Healthy People 2010 objectives selected to measure progress for these indicators in the maternal and child population are:<sup>8</sup>

- ♦ Increase the age and proportion of adolescents who remain alcohol and drug free. (26-9)
- ♦ Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women. (16-17)
- ♦ Increase smoking cessation during pregnancy. (27-6)
- ♦ Reduce the proportion of children who are regularly exposed to tobacco smoke at home. (27-9)
- ♦ Reduce tobacco use by adolescents. (27-2)

## Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)<sup>14</sup> identifies five key determinants of health: environment (5%), medical care (10%), social circumstances (15%), genetics (30%), and behavior (40%). The PHIP focuses attention on the determinants that have the greatest impact on health and well-being. Fifty-two health status indicators have been established under six broad categories. Indicators for substance use are described in the healthy behaviors category. Substance use indicators include 1) the percent of adults reporting current cigarette smoking; 2) percent of women who report smoking during the last three months of pregnancy; 3) the percent of 10<sup>th</sup> graders who report smoking cigarettes in the past 30 days; and 4) the percent of 10<sup>th</sup> graders who report drinking any alcohol in the past 30 days.

## Department of Health Strategic Plan

The Department of Health Strategic Plan<sup>15</sup> created seven long-term goals for public health with related objectives and strategies. Goals one and four encompass the OMCH priority of lifestyles free of substance use and addiction. Goal one is to improve the health of all Washington State residents. The related objectives for this goal are to demonstrate improvement of health status for the people in Washington State and improve the quality of public health and health care services. The strategies for accomplishing these objectives include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department, using the PHIP key health indicators to guide decision-making, and assisting communities in addressing access to care. Goal four is “enhance strategic partnerships and collaborative relationships.” The related objectives for this goal include supporting partners in meeting community health goals through strategies such as supporting, evaluating, and disseminating best practices and providing community health assessment support. OMCH’s efforts to promote lifestyles free of substance use and addiction among women and adolescents contribute to these goals and use the stated strategies for achieving desired outcomes.

## Division of Community and Family Health Strategic Plan

This plan is under development. A discussion will be added at a later date.

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<sup>8</sup> The number in parentheses represents the objective number. Healthy People 2010 objectives can be found in Healthy People 2010 Volumes I and II: <http://www.healthypeople.gov/Publications/>.

## Related Issues

Other OMCH priorities encompass issues related to substance use and addiction. Information about injury prevention, access to prenatal care, and screening for drug and alcohol use during pregnancy and adolescence can be found in the following issue briefs: Safe and Healthy Communities; Access to Preventive and Treatment Services; and Quality Screening, Identification, Intervention, and Care Coordination.

# OMCH Priority Issue Brief

## OMCH Priorities

Adequate nutrition  
and physical activity

Lifestyles free of  
substance use and  
addiction

### Optimal mental health and healthy relationships

Safe and healthy  
communities

Healthy physical  
growth and cognitive  
development

Sexually responsible  
and healthy  
adolescents and  
women

Access to preventive  
and treatment  
services

Quality screening,  
identification,  
intervention, and  
care coordination

## Optimal Mental Health and Healthy Relationships

### Focus

This priority emphasizes a public health approach to promoting optimal mental health and healthy relationships that includes working to eliminate or reduce the impact of risk factors and to increase the presence and influence of protective factors. Much of this work aims to influence systems and policies that foster social change.

Programs and activities within the Office of Maternal and Child Health (OMCH) that support optimal mental health and healthy relationships for the maternal and child population focus on promoting secure attachments between young children and their parents and caregivers; connections to school for children and youth who attend school; and adequate social support for pregnant women and parents. OMCH also supports activities that promote the development of appropriate response behaviors and resilience skills<sup>h</sup> and the skills for avoiding negative or unhealthy relationships.

### Objectives and Expectations

Optimal mental health and healthy relationships provide the foundation for success in school, work, and life and are essential to overall health.<sup>16</sup>

We expect that efforts to promote optimal mental health and healthy relationships will result in systems and broad-based public policies that lead to more nurturing relationships between parents and children, more children who start kindergarten with the social and emotional skills needed to be successful, and more youth who are able to maintain healthy peer relationships and make healthy choices.

<sup>h</sup> Response behaviors include: expressing thoughts and feelings appropriately with adequate vocabulary and self-control, sustaining attention and focusing attention, demonstrating impulse control, and seeking help when needed. Resilience refers to internal processing of thoughts, feelings and experiences such as adapting appropriately to changes, having an appropriate self-image, confidence, courage, hope, and sense of humor.

# Key Data from Washington

## Relationships

In 2003, approximately 4% of childbearing women reported physical violence by a husband or partner during their most recent pregnancy.<sup>17</sup>

In 2002, 7% of 8<sup>th</sup> graders and 9% of 10<sup>th</sup> and 12<sup>th</sup> graders reported that during the past 12 months their boyfriend or girlfriend limited their activities, threatened them, or made them feel unsafe in some way.<sup>18</sup>

Results of the 2004 Healthy Youth Survey indicate that approximately 76% of 8<sup>th</sup> graders, 83% of 10<sup>th</sup> graders, and 85% of 12<sup>th</sup> graders would seek help for a friend who is depressed or suicidal.<sup>19</sup>

In 2004, 8% of students in 6<sup>th</sup>, 8<sup>th</sup>, and 10<sup>th</sup> grades and 7% of 12<sup>th</sup> graders reported that they didn't have people or places to turn to for help when they were feeling sad or hopeless.<sup>20</sup>

## Mental Health

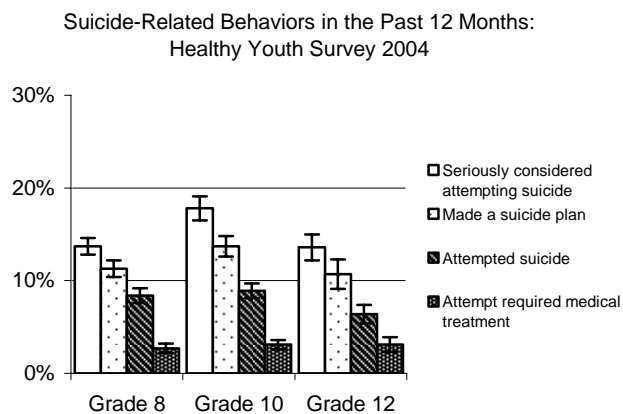
About four out of five students in the 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades who responded to the Healthy Youth Survey reported that they did not have emotional problems that would last longer than six months.<sup>21</sup>

In the 2004 Healthy Youth Survey, about one half of respondents in the 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades reported that they look forward to their future.<sup>22</sup>

## Mental Illness

According to the 2003 Pregnancy Risk Assessment Monitoring System (PRAMS) Survey, about 14% of new mothers reported moderate depression, 5% became severely depressed, and 3% became so depressed they needed help.<sup>ii</sup>

In the 2004 Healthy Youth Survey, about 29% of 8<sup>th</sup> grade students, 33% of 10<sup>th</sup> grade students, and 32% of 12<sup>th</sup> grade students reported symptoms of depression in the previous year.<sup>iii</sup>



## Disparities

Rates for depression symptoms among girls were significantly higher than boys in 2004. However, boys had higher rates of completed suicides than girls in the same year.<sup>23</sup>

Children with disabilities are twice as likely to suffer depression and four times as likely to attempt suicide as children without disabilities.<sup>24</sup>

# Activities

OMCH provides technical and or financial support to other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities to deliver direct services, develop health education materials, conduct research, and build systems to improve public health. Activities that promote optimal mental health and healthy relationships focus on helping parents be better equipped to promote the social and emotional development of children and youth; promoting healthy relationships in families, child care, early learning programs, and schools; and improving access to effective, community-based, family and youth-directed mental health services. Listed below are some of the OMCH-supported activities related to optimal mental health and healthy relationships for the maternal, child, and youth population.

## Pregnant Women and Women of Childbearing Age

### Prevention

- Health care providers who deliver Maternity Support Services and Infant Case Management Services receive training to support social-emotional health from the University of Washington School of nursing. Curricula include *Keys to Caregiving*, NCAST, promoting maternal mental health, and screening for postpartum depression.
- OMCH provides support to the Safe Babies, Safe Moms program in the Department of Social and Health Services (DSHS) to increase behavioral health services such as healthy relationships and parenting for chemically dependent pregnant and parenting women.
- Parent organizations provide mentoring and emotional support to parents of children with special health care needs.
- CHILD Profile and Maternal and Infant Health staff participated in the development of a statewide public awareness campaign to address postpartum depression. The Washington Council for the Prevention of Child Abuse and Neglect (WCPCAN) is the lead for this campaign.
- Proposed future primary prevention activities include:
  - Activities that will increase screening for and timely response to social and emotional issues in all women of childbearing age.

### Policy Development Activities

- Evidenced-based information is provided to policymakers for use in developing policy regarding optimal mental health and healthy relationships.

## Infants, Children, and Youth<sup>i</sup>

### Prevention

- OMCH staff assist the Department of Health (DOH) representative to the Washington Council for the Prevention of Child Abuse and Neglect.
- The Early Childhood Comprehensive Systems Grant (*Kids Matter*) promotes and coordinates social, emotional, and mental health strategies and outcomes for children from birth to kindergarten entry.
- Child care health consultants receive training regarding social and emotional issues to help them provide consultation to providers of infant and toddler child care.
- Infants with hearing loss receive early intervention and parent-child attachment is improved through the early identification of infants with hearing loss.

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<sup>i</sup> Infants are defined as birth to 1 year. Children are defined as those between the ages of 1 and 5 years. Youth are those between the ages of 6 and 18 years. Some activities may target all ages and or apply to families.

- Foster parents receive mental health promotion training through the Bright Futures for Children and Youth in Foster Care project.
- The DSHS WorkFirst-CSHCN Initiative provides an opportunity for Children with Special Health Care Needs Coordinators to assess the unique care requirements of children with special needs and to connect their families with available services.
- The Family Violence Prevention Workgroup identifies and promotes strategies for healthy relationships for 11-14 year olds.
- OMCH coordinates with the DOH Injury Prevention program to implement the Youth Suicide Prevention Plan.
- Adolescent health fact sheets related to social, emotional, and mental health issues such as suicide prevention and communication between parents and teens are available to parents and teens upon request.
- A statewide public awareness campaign encourages youth to delay sexual activity until they are developmentally ready.
- Proposed future primary prevention activities include:
  - Developing additional CHILD Profile materials that promote social and emotional development.

### **Policy Development Activities**

- OMCH supports and participates in efforts to make communities more accessible to individuals of all ages with disabilities.
- DOH participates on the Mental Health Transformation Work Group. OMCH staff coordinates and informs DOH involvement with this effort.
- OMCH participates on the Children's Subcommittee of the DSHS Division of Mental Health Planning and Advisory Committee.
- Proposed future policy development activities include:
- Activities to identify additional mental health resources for children with special health care needs.

## **Research, Surveillance, and Best Practices**

### **Data**

- The annual MCH Data and Services Report and the Adolescent Needs Assessment include mental health data and service information.
- OMCH staff evaluate survey data and work to identify the best indicators to measure mental health.
- The Children's Mental Health Needs Assessment sought to define the role of public health in mental health; ascertain the prevalence of mental illness diagnoses, risk factors, and protective factors among children; identify groups of children at risk for mental illness; and develop a framework for future mental health needs assessments. [http://www.doh.wa.gov/cfh/mch/documents/CMH\\_Needs\\_Assessment.pdf](http://www.doh.wa.gov/cfh/mch/documents/CMH_Needs_Assessment.pdf).
- Statewide surveillance activities include collecting data on the prevalence of autism spectrum disorders.
- The Early Hearing Loss Detection Diagnosis and Intervention (EHDDI) program conducts surveillance and collects information on the number of infants who are screened for hearing loss and receive referrals for early intervention.
- The Children with Special Health Care Needs Section, the DSHS Mental Health Division, and the DSHS WorkFirst program share and evaluate data of mutual interest.
- The Healthy Youth Survey collects information about depression, suicide, and well being from youth in Washington State.

- ♦ PRAMS Survey data related to provider screening for postpartum depression, maternal depression, and social support are collected and analyzed.
- ♦ The maternal mortality surveillance system gathers data related to mental health.

### Best Practices

- ♦ The University of Washington and OMCH promote the use of the Bright Futures health promotion materials including mental health specific materials.<sup>25</sup>
- ♦ Maternity Support Services includes a behavioral health component to assist low income pregnant women and new moms in developing necessary skills and behaviors that may affect pregnancy and parenting outcomes. The program addresses domestic violence, mental health concerns, substance abuse, grief and loss issues, and social support.

## Other Public Health Agendas

By identifying optimal mental health and healthy relationships as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Division of Community and Family Health Strategic Plan, and the Washington State Department of Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining optimal mental health and healthy relationships in improving public health.

### Healthy People 2010

Healthy People 2010 identifies ten leading health indicators<sup>26</sup> for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. The leading health indicators related to OMCH's goal to promote optimal mental health and healthy relationships are "Mental health" and "Injury and violence."

Some of the Healthy People 2010 objectives selected to measure progress for these indicators in the maternal and child population are:<sup>j</sup>

- ♦ Increase the proportion of adults with recognized depression who receive treatment. (18-9b)
- ♦ Reduce the suicide rate. (18-1)
- ♦ Reduce the rate of suicide attempts by adolescents. (18-2)
- ♦ Reduce the proportion of homeless adults who have serious mental illness (SMI). (18-3)
- ♦ (Developmental) Increase the number of persons seen in primary health care who receive mental health screening and assessment. (18-6)
- ♦ (Developmental) Increase the proportion of children with mental health problems who receive treatment. (18-7)
- ♦ Reduce maltreatment and maltreatment fatalities of children. (15-33)
- ♦ Reduce the rate of physical assault by current or former intimate partners. (15-34)

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<sup>j</sup> The number in parentheses represents the objective number. Healthy People 2010 objectives can be found in Healthy People 2010 Volumes I and II: <http://www.healthypeople.gov/Publications/>.



## Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)<sup>27</sup> identifies five key determinants of health: environment (5%), medical care (10%), social circumstances (15%), genetics (30%), and behavior (40%). The PHIP focuses attention on the determinants that have the greatest effect on health and well-being. Fifty-two health status indicators have been established under six broad areas. The first of these is overall health, which includes mental health. The health indicator used to assess mental health is the percent of adults who report fourteen or more days of poor mental health in the past month.

The key health indicators identified in the PHIP to assess healthy relationships fall under the category of safe and supportive families. These indicators are: a) percent of youth who report eating dinner with their families most of the time or always; b) number of offenses involving domestic violence per 1,000 population; and c) number of reports of children younger than 18 years who were abused or neglected per 1,000 population.

## Department of Health Strategic Plan

The Department of Health Strategic Plan<sup>28</sup> created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department and using the PHIP key health indicators to guide decision-making. This includes the indicators described above for assessing mental health and safe and supportive families.

## Community and Family Health Strategic Plan

The CFH Strategic Plan is under development. A discussion will be added at a later date.

## Related Issues

Other OMCH priorities encompass issues related to mental health and healthy relationships. Information about injury prevention and infant, child, and adolescent social and cognitive development can be found in the following issue briefs: Safe and Healthy Communities; Healthy Physical Growth and Cognitive Development; Access to Preventive and Treatment Services; and Quality Screening, Identification, Intervention, and Care Coordination.

# OMCH Priority Issue Brief

## OMCH Priorities

Adequate nutrition  
and physical activity

Lifestyles free of  
substance use and  
addiction

Optimal mental  
health and healthy  
relationships

Health Disparities  
(TBD)

### Safe and healthy communities

Healthy physical  
growth and cognitive  
development

Sexually responsible  
and healthy  
adolescents and  
women

Access to preventive  
and treatment  
services

Quality screening,  
identification,  
intervention, and  
care coordination

## Safe and Healthy Communities

### Focus

This priority focuses on promoting communities that minimize intentional and unintentional injuries, including child abuse and neglect and on promoting healthy physical environments<sup>a</sup> and built environments<sup>b</sup> that promote physical health and positive social interactions.

Activities that promote a safe and healthy community focus on ensuring that preventive and screening services are available to women and children. They also focus on developing policies that support injury prevention, emphasize safety, and improve the quality of the environment. Activities generally involve educating health care providers and the public on ways to prevent injuries, stop domestic violence, and create safe and healthy surroundings. Research, surveillance, and data analysis activities gather information about behaviors and risks that affect women and children and use it to guide program activities and policy making.

### Objectives and Expectations

The objective of this priority is to increase awareness and use of injury prevention strategies and increase awareness of environmental risks and ways to create healthy environments. Through efforts to secure a safe and healthy environment we expect:

- More women to be free from violence and abuse before, during, and after pregnancy;
- Fewer infants, children, and youth to sustain injuries or die as the result of neglect, abuse, motor vehicle accidents, and unintentional injuries;
- More children and adolescents to use helmets and seat belts and experience less physical violence from their peers;
- Fewer injuries or deaths among infants from incorrect car seat installation or improper sleep positioning;
- More communities will create built environments that encourage physical activity for people of all abilities and ensure safe drinking water and good indoor air quality.

<sup>a</sup> The physical environment includes safe food and clean air, water, and land.

<sup>b</sup> Built environments are those spaces affected by elements such as land use planning, road planning, sidewalk development, and building design.

# Key Data from Washington

## Homes, Communities, and the Environment

**Smoke alarms:** Among women responding to the 2003 Pregnancy Risk Assessment Monitoring System (PRAMS) survey 93.5% reported that there was a working smoke alarm in their home that had been tested recently.<sup>29</sup>

**Outdoor activities:** According to data from the 2004 Healthy Youth Survey, 52% of 6<sup>th</sup> graders, 62.1% of 8<sup>th</sup> graders, 56.1% of 10<sup>th</sup> graders, and 50.4% of 12<sup>th</sup> graders reported that crossing the street was easy when they were bicycling or walking. Comparably, 51.5% of 8<sup>th</sup>, 47.2% of 10<sup>th</sup>, and 51.7% of 12<sup>th</sup> graders who had special health care needs reported that crossing the street was easy when they were bicycling or walking.<sup>30</sup>

**Indoor air quality:** The 2000 Washington State Survey of Adolescent Health Behaviors (WSSAHB) found that 62% of sixth graders had been in a room with someone who was smoking and 38% had ridden in a car with someone who was smoking at least once during the previous seven days. The number of schools in Washington reporting indoor air quality problems increased between 1995 and 2000. This trend might reflect greater awareness or more problems resulting from design, construction, remodeling, or aging of school buildings.<sup>31</sup>

**Asthma:** Approximately 120,000 youth in Washington have asthma and one in ten households with children have at least one child with asthma. The prevalence of asthma among Washington youth is greater than the national rate and is increasing.<sup>32</sup>

**Fluoride:** Fifty-eight percent of communities in Washington have optimally fluoridated water supplies. Nationally, 65.8% of the population uses public water supplies that are optimally fluoridated.<sup>33</sup>

**Pesticides:** In 2004, there were 22 definite, probable, or possible cases of pesticide related illnesses reported among children less than 18 years of age. Sixteen of these occurred at the child's home. In 2000, 56 cases were reported.<sup>34</sup>

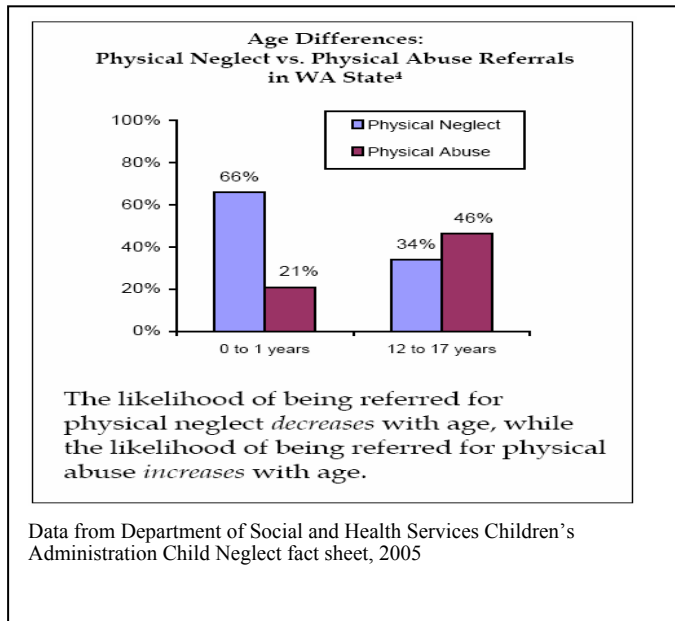
**Mercury:** Recent studies have found tuna and some other types of fish contain traces of mercury. Pregnant women, nursing mothers, women who might become pregnant, and children are advised to limit consumption of tuna and other fish products.<sup>35</sup>

## Intentional and Unintentional Injuries

Injuries are the leading cause of death for Washington children over 1 year of age. The leading causes of death due to unintentional injuries are motor vehicle crashes, drowning, and suffocation. In 2003, the overall rate of fatalities resulting from unintentional injuries among 0 to 19 year olds was 11.9 per 100,000 people. The two age groups with the highest fatality rates associated with unintentional injuries are 15 to 19 year olds and those less than one year old. Additionally, males have higher unintentional injury death rates than females.<sup>36</sup>

Intentional injuries include those involving weapons, physical fighting, and suicide. Data from the 2004 Healthy Youth Survey indicate that 10% of 8<sup>th</sup> graders, 9.6% of 10<sup>th</sup> graders, and 8.3% of 12<sup>th</sup> graders carried a weapon within the previous month. In the same survey, when asked if they had seriously considered suicide in the past year, approximately 14% of 8<sup>th</sup> and 12<sup>th</sup> graders said yes, compared to about 18% of 10<sup>th</sup> graders. Approximately 8% of 8<sup>th</sup> graders reported having attempted suicide compared to 9% of 10<sup>th</sup> graders and 6% of 12<sup>th</sup> graders.<sup>37</sup>

## Abuse and Neglect



Abuse was the primary factor in 5% (67) of the 1,351 unexpected deaths among children between 1999 and 2002. Neglect was the primary factory in 15% (203) of the unexpected deaths among children during the same time period.<sup>38</sup>

In 2002, approximately 16-18% of Washington youth in 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reported being physically abused by an adult at some point in their lives.<sup>39</sup>

In 2004, 39,025 domestic violence offenses (including 61 homicides) were reported in Washington State. In cases of murder and non-negligent homicide, in which the relationship between the victim and the offender was reported, 24% of the offenders were within the family.<sup>40</sup>

## Disparities

From 2001-2003, males 0-19 years old had intentional injury death rates over three times greater than females. Urban and mixed urban areas have significantly higher intentional injury hospitalizations than less urban areas in the state.

The rate of suicide mortality among American Indians/Alaska Natives is 11.4 per 100,000, which is more than two times that of whites (4.6 per 100,000).<sup>41</sup>

Among young children, asthma prevalence is higher for boys than for girls; by middle school age these differences reverse. In 2004, girls were significantly more likely than boys to have current asthma (11% compared to 7%). Youth with moderate or severe persistent asthma are significantly less likely to report high academic achievement and more likely to miss school than are youth with mild asthma or no asthma. Asthma hospitalization rates are significantly higher in urban areas than suburban or small town/rural areas.<sup>42</sup>

## Activities

OMCH provides technical and or financial support to other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities to deliver direct services, develop health education materials, conduct research, and build systems to improve public health. Listed below are some OMCH-supported activities and outcomes related to promoting a safe and healthy community. Activities that promote a safe and healthy community focus on assurance, policy development, education, research, surveillance, and data analysis.

## Pregnant Women and Women of Childbearing Age

### Assurance

- ♦ Maternity Support Services provides screening, referrals, and interventions to detect risk situations and promote safe and healthy relationships for pregnant women.

## Policy Development

- OMCH monitors legislation and promotes policies that support healthy relationships for pregnant women and women of childbearing age.
- OMCH promotes policies and enforcement of laws that aim to prevent injuries and improve food, water, and air quality.
- Interdisciplinary workgroups such as the Injury Prevention Workgroup consider data and policy options for reducing violence and injuries.
- OMCH collaborates with the DOH multidisciplinary Asthma Control Program to develop the state asthma plan.

## Education

- Health care providers receive information about domestic violence screening and referrals.
- The University of Washington trains First Steps providers about healthy relationships (*Keys to Care Giving*)
- The *9 Months to get Ready* brochure, which includes information about domestic violence, is available to First Steps and Women, Infants, and Children (WIC) clients.
- OMCH collaborates with the Washington State Coalition Against Domestic Violence to promote the *Domestic Violence and Pregnancy Guidelines* booklet and *Domestic Violence Fact Sheet*.
- Local health jurisdictions, community based organizations, and health care providers educate women of childbearing age and pregnant women about injury prevention.

## Infants, Children, and Youth<sup>c</sup>

### Assurance

- Parenting families receive information through the First Steps Maternity Support Services (MSS) program about how to achieve healthy bonding and attachment relationships with infants.
- Children with Special Health Care Needs (CSHCN) Coordinators and other public health nurses screen home environments as part of a broader assessment and recommend improvements and modifications to better manage chronic care needs and improve health outcomes. CSHCN Coordinators also help families identify means to pay for any necessary modifications.

## Policy Development

- OMCH monitors legislation and policies that promote healthy relationships, injury prevention, and safe environments for infants and children.
- OMCH monitors legislation and policies regarding water fluoridation and works with the Environmental Health Division Office of Drinking Water to promote fluoridated water systems.
- OMCH works with the Family Support Initiative to increase community connections.
- OMCH partners with the Department of Community, Trade, and Economic Development (CTED), the Department of Social and Health Services (DSHS), community organizations, and businesses to work on community economic development and sustainable options for providing assistance to needy families.

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<sup>c</sup> Infants are defined as those that are age birth to 1 year. Children are defined as those between the ages of 1 and 5 years. Youth are those between the ages of 6 and 18 years. Some activities span all ages and apply to families

## **Education**

- ♦ Safe Babies, Safe Moms promotes healthy relationships for chemically dependent pregnant and parenting women.
- ♦ The University of Washington trains First Steps providers about healthy relationships (*Keys to Care Giving*)
- ♦ First Steps MSS providers receive and disseminate information regarding injury prevention for infants.
- ♦ Local Child Death Review (CDR) Teams review data related to unexpected deaths among children and make recommendations to communities about how to prevent similar deaths.
- ♦ The Youth Suicide Prevention Program provides: public awareness through media messages and resource materials; gatekeeper training to adults who interact with children and youth; education in schools; and support to communities to address suicide prevention.
- ♦ Child care providers receive information about preventing injuries to infants and children.
- ♦ Healthy Child Care Washington and the Washington State Child Care Resource and Referral Network educate parents and care givers about environmental safety.
- ♦ OMCH works with Department of Ecology and other partners to promote safe and clean playgrounds.
- ♦ The Children with Special Health Care Needs Section maintains a list of summer camps suitable for children and youth with special health care needs (CYSHCN).

## **Families**

### **Assurance**

- ♦ Evaluate community access for people with disabilities through the Disability Awareness Starts Here (DASH) Boards in Kitsap, Grays Harbor, Spokane, and Jefferson counties.
- ♦ CSHCN coordinators and other public health nurses screen home environments as part of a broader assessment and recommend improvements and modifications to better manage chronic care needs and improve health outcomes. CSHCN Coordinators also help families identify means to pay for any necessary modifications.

### **Policy Development**

- ♦ OMCH monitors legislation regarding disabilities and special needs issues.
- ♦ OMCH staff participate on the Governor's Disability Council.
- ♦ OMCH collaborates with the Environmental Health Division to analyze legislation to improve school and outdoor air quality.

## **Education**

- ♦ Develop and disseminate messages regarding safety/injury prevention (such as car seat safety); women's health; and growth and development through CHILD Profile mailings to all families with children 0-6 years of age.
- ♦ Local health jurisdictions and community based organizations provide information to parents and caregivers on injury prevention related to proper use of car and booster seats and firearm safety.
- ♦ Support DASH Boards community awareness efforts and educate community members about disabilities issues.
- ♦ OMCH promotes emergency and disaster planning for families with CYSHCN.

## **Research and Surveillance**

- ♦ OMCH collects and analyzes data from national surveys such as the National Survey of Children with Special Health Care Needs and the Child Health Survey.
- ♦ OMCH collects information about youth and adolescent behaviors through the Healthy Youth Survey.

- OMCH maintains several surveillance systems to collect data about environmental safety and health and pregnancy. These include the Pregnancy Risk Assessment and Monitoring System (PRAMS), the Behavioral Risk Factor Surveillance System (BRFSS), Child Death Review, Birth Defects Surveillance records, and other existing data sources such as birth and death certificates and hospitalization records.
- MCH Assessment works to develop infrastructure to support increased analysis of maternal mortality and morbidity data related to violence and injury prevention.
- OMCH publishes and disseminates the *Disability in Washington Report*, which utilizes Census and the state specific BRFSS-Disability Supplement data.

## Other Public Health Agendas

By identifying safe and healthy communities as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining safe and healthy communities in improving public health.

## Healthy People 2010

Healthy People 2010 identifies ten leading health indicators<sup>43</sup> for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making and will be used to measure the health of the nation over the next ten years. The leading health indicators related to safe and healthy communities are "Injury and violence" and "Environmental quality."

There are over 60 objectives related to these two indicators in the Health People 2010 report. Some of the Healthy People 2010 objectives selected to measure progress for these indicators in the maternal and child population are:<sup>d</sup>

- Reduce maltreatment and maltreatment fatalities of children. (15-33)
- Reduce the rate of physical assault by current or former intimate partners. (15-34)
- Reduce deaths from motor vehicle crashes. (15-15)
- Reduce homicides. (15-32)
- Reduce physical fighting among adolescents. (15-38)
- Increase functioning residential smoke alarms. (15-26)
- Increase use of seat belts and child restraints. (15-20)
- Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act. (8-5)
- Eliminate elevated blood lead levels in children. (8-11)
- Reduce pesticide exposures that result in visits to a health care facility. (8-13)
- Reduce indoor allergen levels. (8-16)
- (Developmental) Increase the number of office buildings that are managed using good indoor air quality practices. (8-17)
- Increase the proportion of trips made by walking. (24-14)

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<sup>d</sup> The number in parentheses represents the objective number. Healthy People 2010 objectives can be found in Healthy People 2010 Volumes I and II: <http://www.healthypeople.gov/Publications/>.

- ♦ Increase the proportion of trips made by bicycling. (24-15)
- ♦ Increase the proportion of adults with disabilities who participate in social activities. (6-4)
- ♦ (Developmental) Reduce the proportion of people with disabilities reporting environmental barriers to participation in home, school, work, or community activities. (6-12)

## Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)<sup>44</sup> identifies five key determinants of health: environment (5%), medical care (10%), social circumstances (15%), genetics (30%), and behavior (40%). The PHIP focuses attention on the determinants that have the greatest impact on health and well-being. The PHIP establishes 52 health status indicators under six broad areas. Overall health is the first area and it includes indicators related to injuries. The health indicators used to assess safety and risk of injury are the rates of death associated with motor vehicle crashes, poisoning, and drowning. The second area encompasses health status indicators related to safe and supportive surroundings (environmental health). Indicators related to this capture data about safe drinking water and air quality among other environmental aspects. The third area includes indicators that address safe and supportive communities. Indicators used to measure this include rates associated with poverty, trust of others, high school graduation, crime, and unintentional injuries.

## Department of Health Strategic Plan

The Department of Health Strategic Plan<sup>45</sup> created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include addressing the incidence of injury and using the PHIP key health indicators described above to guide decision-making.

## Division of Community and Family Health Strategic Plan

The Strategic Plan for the Division of Community and Family Health is under development. A discussion will be added at a later date.

## Related Issues

Other OMCH priorities encompass issues related to healthy and safe communities. Information about physical activity, healthy physical growth and cognitive development, mental health and healthy relationships, can be found in the following issue briefs: Adequate Nutrition and Physical Activity; Optimal Mental Health and Healthy Relationships; and Healthy Physical Growth and Cognitive Development.



# OMCH Priority Issue Brief

## OMCH Priorities

Adequate nutrition  
and physical activity

Lifestyles free of  
substance use and  
addiction

Optimal mental  
health and healthy  
relationships

Health Disparities  
(TBD)

Safe and healthy  
communities

## Healthy physical growth and cognitive development

Sexually responsible  
and healthy  
adolescents and  
women

Access to preventive  
and treatment  
services

Quality screening,  
identification,  
intervention, and  
care coordination

## Healthy Physical Growth and Cognitive Development

### Focus

This priority focuses on promoting healthy physical and cognitive developmental milestones from birth through adolescence and understanding how these affect long term growth and development including communication skills, school readiness, and life-long success. Healthy physical growth is the degree to which normal height and weight growth occurs. Healthy cognitive development is the degree to which thinking and reasoning skills are learned and utilized.

### Objectives and Expectations

The objective of activities that promote healthy physical growth and cognitive development throughout infancy, childhood, and adolescence is to ensure the birth of healthy infants and the nurturing and care of children and adolescents at home, in day care and child care, at school, and in health care settings.

As a result of these efforts, we expect that:

- ♦ Pregnant women will adopt healthy behaviors and be screened for conditions that could affect the health of their infants;
- ♦ Infants will receive appropriate interventions and care if needed;
- ♦ Parents will have the skills and knowledge necessary to ensure that their children are developing to their full potential;
- ♦ Children will attend licensed child care centers and preschools that are staffed by well-trained personnel;
- ♦ Children will be both physically and cognitively ready for school;
- ♦ Children will receive preventive health and dental care such as well child visits, immunizations, and dental sealants;
- ♦ Adolescents will understand and engage in healthy behavior;
- ♦ High school graduation rates will improve;
- ♦ Families with children will receive comprehensive, coordinated health care within a medical home and have adequate insurance for the services they need.

# Key Data from Washington

## Newborn Screening and Immunizations

In 2004, Washington State screened newborns for ten metabolic disorders.<sup>o</sup> Out of the number of newborns that tested positive for specific disorders, the percentages that received treatment were: phenylketonuria 75% (n=8), congenital hypothyroidism 100% (n=56), galactosemia 100% (n=2), sickle cell disease 90% (n=10), and CAH 100% (n=7).<sup>46</sup> In 2005, 88% of newborns were screened for hearing before being discharged from the hospital.<sup>47</sup>

The immunization rate in Washington State in 2004 for 19 to 35 month olds who received the full schedule of age appropriate immunizations against measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, *Haemophilus Influenza* type B, and hepatitis B was 77.7%.<sup>48</sup>

## Preventive Care

According to the 2003 National Survey of Children's Health, approximately 54% of children with special health care needs in Washington received care within a medical home, compared to 52% of children who did not have special health care needs.<sup>49</sup>

According to the 2004 HEDIS Report, approximately 40% of Medicaid children received at least six well-child visits by 15-months of age.<sup>50</sup>

In 2005, 174 schools in Washington had dental sealant programs associated with them. In 2005, approximately half of 2<sup>nd</sup> and 3<sup>rd</sup> grade children received dental sealants.<sup>51</sup>

## School Readiness and Behaviors

According to the 2004 Healthy Youth Survey (HYS), approximately 60% of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders have had a physical exam within the past year.

In 2004, an estimated 70% of high school students graduated with a regular diploma within a four year period.<sup>52</sup>

## Disparities

In 2004, females were more likely than males to graduate on time. Additionally, White and Asian/Pacific Islander youth had the highest graduation rates, whereas Native American youth had the lowest. Approximately half of Black, Hispanic, and special education youth graduated on time.<sup>53</sup>

Minority, low-income, and non-English speaking children have the highest levels of untreated tooth decay and dental disease and are less likely to have dental sealants.<sup>54</sup>

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<sup>o</sup> The 10 disorders that newborns were screened for in Washington State in 2004 were: phenylketonuria (PKU), congenital hypothyroidism, galactosemia, sickle cell disease, congenital adrenal hyperplasia (CAH), maple syrup urine disease, homocystinuria, biotinidase, and MCAD deficiency.

# Activities

OMCH provides technical and or financial support to other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities to deliver direct services, develop health education materials, conduct research, and build systems to improve public health. Listed below are some OMCH-supported activities directed at specific populations related to healthy physical growth and cognitive development.

## Pregnant and Postpartum Women and Women of Childbearing Age

### Direct Services

- ♦ Provide direct case management for hepatitis B positive (HBsAg+) women and their partners.
- ♦ Promote healthy lifestyles among low-income pregnant women through First Steps Maternity Support Services (MSS).

### Policy Development

- ♦ Monitor legislation and promote policies that aim to encourage healthy lifestyles among pregnant women and women of childbearing age.

### Education

- ♦ Educate health care providers to screen pregnant women for hepatitis B and to counsel HBsAg+ pregnant women about preventing transmission to sexual partners and others.
- ♦ Develop and disseminate a new preconception health education brochure that focuses on physical activity and healthy lifestyles for women.
- ♦ Proposed future education activities include:
- ♦ Provide preconception health screening tools and resource materials to primary care providers
- ♦ Increase the acuity of providers in screening and working with clients to change behaviors, including physical activity, fruit and vegetable consumption, folic acid supplementation, tobacco and drug use, and contraception use.

## Infants, Children, and Youth<sup>p</sup>

### Direct Services

- ♦ Conduct newborn screening for metabolic disorders and hearing loss.
- ♦ Provide direct case management for infants of HBsAg+ women as well as vaccination services as part of the safety net of care.
- ♦ Provide routinely recommended childhood vaccines to health care providers to promote full immunization of all children.
- ♦ Provide consultation through Healthy Child Care Washington (HCCW) on child development, health and safety, early brain development, and school readiness.

### Policy Development

- ♦ Develop statewide recommendations for immunization practices relevant to individual vaccines.
- ♦ Monitor legislation and promote policies to improve the health of infants and provide analysis regarding consent and confidentiality for developmentally appropriate health services for youth.

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<sup>p</sup> Infants are defined as those that are age birth to 1 year. Children are defined as those between the ages of 1 and 5 years. Youth are those between the ages of 6 and 18 years. Some activities target all ages and or apply to families.

- ♦ Develop and disseminate *Kids Matter: Improving Outcomes for Children in Washington State*, a framework for building an early childhood system that includes physical, oral, and mental health components.
- ♦ Partner with the Governor's Office, the Office of the Superintendent of Public Instruction (OSPI), the Legislature, and other stakeholders to disseminate and implement the Early Learning Benchmarks to promote the link between health and school readiness.
- ♦ Develop a state plan for adolescent health through the Washington State Partnership for Youth (WSPY) to promote adolescent health and youth development.

## **Education**

- ♦ Provide ongoing technical assistance to hospital-based screeners and nurse midwives regarding all aspects of newborn screening.
- ♦ Provide training, educational materials, consultation, and technical assistance regarding best practices for vaccine administration, storage, and handling to ensure viability of vaccines.
- ♦ Provide SIDS Prevention Project targeting African American families.
- ♦ Offer clients education and support and train health care providers regarding smoking cessation.
- ♦ Distribute First Steps Basic Health Messages on safe sleeping, SIDS prevention, and safety.
- ♦ Foster access to an array of coordinated services for families with children with special needs by working with the Medical Home Leadership Network (MHLN).
- ♦ Promote access to comprehensive services that address growth and development for teens with special health care needs through the Adolescent Health Transition project.
- ♦ Partner with the Office of Health Promotion on Coordinated School Health to reduce risk behaviors among youth.
- ♦ Provide training and resources to school nurses regarding students' physical, oral, and mental health.
- ♦ Promote training and implementation of Bright Futures (health guidelines for parents, kids, and providers) concepts and materials within existing middle childhood and adolescent health programs.
- ♦ Develop adolescent health fact sheets on various health topics and disseminate them to health providers, parents, and youth.
- ♦ Develop and disseminate, through various media formats, age appropriate messages to youth (aged 11-14 years) and their parents about delaying sexual intercourse or sexual activity.

## **Families**

### **Direct Services**

- ♦ Provide diagnostic confirmation of congenital conditions requiring early intervention (e.g., PKU, hearing loss, sickle cell anemia, etc.)
- ♦ Work with families on domestic violence issues.
- ♦ Send parents CHILD Profile Health Promotion materials that address well-child checkups, immunizations, and age-specific information about growth, development, nutrition, and other parenting needs.

### **Policy Development**

- ♦ Monitor and update laws related to newborn screening and prenatal diagnosis of congenital abnormalities.

## **Education**

- ♦ Provide and promote participation in ongoing continuing education regarding advances in the field of medical genetics.

- ♦ Provide technical assistance to communities with Disabilities Advisory Committees who are promoting environmental changes so that people with disabilities have greater access to the community.
- ♦ Provide technical assistance to audiologists regarding hearing assessments in infants and toddlers.
- ♦ Include information about the importance of newborn screening and appropriate developmental growth in CHILD Profile materials.
- ♦ Educate First Steps and Women, Infants, and Children (WIC) clients on the basics of pregnancy and prenatal care, breastfeeding, family planning, healthy lifestyles, postpartum adjustment, and newborn safety issues.
- ♦ Provide training to First Steps providers and pregnant women on safe and healthy environments, mental health, healthy relationships, and infant growth and development.
- ♦ Provide health promotion materials to parents of young children, promote material use by medical providers, and target dissemination to child care and other non-parental caregivers.
- ♦ Develop and disseminate messages for parents on the link between healthy child development and school readiness in collaboration with early childhood partners and parenting groups.
- ♦ Promote parent leadership activities to give parents the skills to be advocates for themselves, their children, and their community.

## Research, Surveillance, and Best Practices

### Data

- ♦ Monitor the incidence of HBsAg+ pregnant women, infants, and household contacts and monitor case-management follow-up for post identification treatment.
- ♦ Gather data on healthy lifestyles through surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), the Healthy Youth Survey, and the Pregnancy Risk Assessment Monitoring System (PRAMS) and analyze data from other sources such as birth and death certificates, the college BRFSS database, the National Survey of Children with Special Health Care Needs, and Healthy Child Care Washington.

### Best Practices

- ♦ Adhere to best practices and critical elements of care for all aspects of newborn screening and other genetic screening, testing, and clinical services.
- ♦ Generate periodic quality assurance reports from the newborn screening systems and disseminate with hospitals and screeners, as well as revise policies and procedures to maximize efficiencies.
- ♦ Ensure health promotion materials are developed utilizing health education theory and that revisions occur regularly to ensure materials meet audience needs over time.
- ♦ Promote full immunization for pregnant women.

## Other Public Health Agendas

By identifying healthy physical growth and cognitive development as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining healthy physical and cognitive growth in improving public health.

## Healthy People 2010

Healthy People 2010 identified ten leading health indicators<sup>55</sup> for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives, which are categorized by 28 focus areas, will be used to measure the health of the nation over the next ten years. The ten leading health indicators are: “Physical activity;” “Overweight and obesity;” “Tobacco use;” “Substance abuse;” “Responsible sexual behavior;” “Mental health;” “Injury and violence;” “Environmental quality;” “Immunization;” and “Access to health care.” Each of these indicators contributes to healthy physical growth and cognitive development throughout the lifespan.

Some of the Healthy People 2010 objectives that measure outcomes related to healthy physical growth and cognitive development in the maternal and child population are:<sup>q</sup>

- Increase high school completion. (7-1)
- (Developmental) Increase the proportion of preschool children aged 5 years and under who receive vision screening. (28-2)
- (Developmental) Increase the proportion of newborns who are screened for hearing loss by age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services by age 6 months. (28-11)
- Increase the proportion of young children and adolescents who receive all vaccines that have been recommended for universal administration for at least 5 years. (14-24)
- Increase the proportion of pregnant women who receive early and adequate prenatal care. (16-6)
- (Developmental) Increase the proportion of children with special health care needs who have access to a medical home. (16-22)

## Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)<sup>56</sup> identifies five key determinants of health: environment (5%), medical care (10%), social circumstances (15%), genetics (30%), and behavior (40%). The PHIP focuses attention on the determinants that have the greatest impact on health and well-being. Fifty-two health status indicators have been established under six broad areas. Two of these areas are ‘how safe and supportive are our families’ and ‘how safe and supportive are our communities.’ Indicators for these include: a) percent of families that regularly read to their young children; and b) percent of high school students dropping out of school.

## Department of Health Strategic Plan

The Department of Health Strategic Plan<sup>57</sup> created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department and using the PHIP key health indicators to guide decision-making. This includes the indicators described above for assessing outcomes related to healthy physical growth and cognitive development.

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<sup>q</sup> The number in parentheses represents the objective number. Healthy People 2010 objectives can be found in Healthy People 2010 Volumes I and II: <http://www.healthypeople.gov/Publications/>.

## Division of Community and Family Health Strategic Plan

This plan is under development. A discussion will be added at a later date.

### Related Issues

Other OMCH priorities encompass issues related to healthy physical growth and cognitive development.

Information about healthy relationships, physical activity and nutrition, access to prenatal care, screening for drug and alcohol use during pregnancy and adolescence, healthy environments, and quality screening, identification, intervention, and care coordination can be found in the following OMCH Priority Issue Briefs: Optimal Mental Health and Healthy Relationships; Adequate Nutrition and Physical Activity; Safe and healthy communities; Access to Preventive and Treatment Services; and Quality Screening, Identification, Intervention, and Care Coordination.

# OMCH Priority Issue Brief

## OMCH Priorities

Adequate nutrition  
and physical activity

Lifestyles free of  
substance use and  
addiction

Optimal mental  
health and healthy  
relationships

Health Disparities  
(TBD)

Safe and healthy  
communities

Healthy physical  
growth and cognitive  
development

**Sexually  
responsible and  
healthy  
adolescents  
and women**

Access to preventive  
and treatment  
services

Quality screening,  
identification,  
intervention, and  
care coordination

## Sexually Responsible and Healthy Adolescents and Women

### Focus

This priority focuses on promoting sexual health among adolescents by encouraging adolescents to delay sexual activity while fostering healthy relationships and by decreasing risk-taking associated with early onset of sexual activity. It also focuses on promoting access to screening for sexually transmitted diseases (STD) and to family planning services for sexually active adolescents, women of childbearing age, and pregnant women.

### Objectives and Expectations

The objectives of the sexually responsible and healthy adolescents and women priority are to educate adolescents and women about family planning and prevention of sexually transmitted diseases (STDs) and to support related services, policies, and programs.

We expect the following outcomes as a result of these efforts:

- More adolescents will delay sexual activity;
- Adolescents that choose to be sexually active will effectively and safely use methods of contraception that both prevent pregnancies and the spread of disease;
- More women of childbearing age will know about safe and effective contraception, STD prevention, and birth spacing, which will lead to fewer unintended pregnancies, lower rates of STD infection, and more families in which consecutive births are greater than 24 months apart.



# Key Data from Washington

## Adolescent Pregnancy<sup>58</sup>

Washington's adolescent pregnancy rate in 2004 was 28.5 per 1,000 women age 15-17 years. This represented 3,680 pregnancies. The national adolescent pregnancy rate in 2000 was 53.5 per 1,000.

Approximately 55% of adolescent pregnancies resulted in live births for a total of 2,006 births in 2004. The Washington adolescent birth rate was 15.3 per 1,000 women in 2003, compared to the national rate of 22.1 per 1,000 women ages 15-17 years.

## Unintended pregnancies<sup>59</sup>

The proportion of live births from unintended pregnancies varies significantly by age.<sup>†</sup> About 73% of births to women less than 20 years of age were reported as births from unintended pregnancies. This rate decreases with age, but remains sizable even among older women. The lowest rate is among women 30-34 years old who report an estimated 27% of births were from unintended pregnancies.

## Disparities

Black women and American Indian/Alaska Native women were significantly more likely to report that their birth was from an unintended pregnancy compared to Asian, White, and Hispanic women.<sup>60</sup>

Temporary Assistance for Needy Families (TANF) recipients were significantly more likely to report that their delivery was from an unintended pregnancy than other Medicaid or Non-Medicaid women.<sup>61</sup>

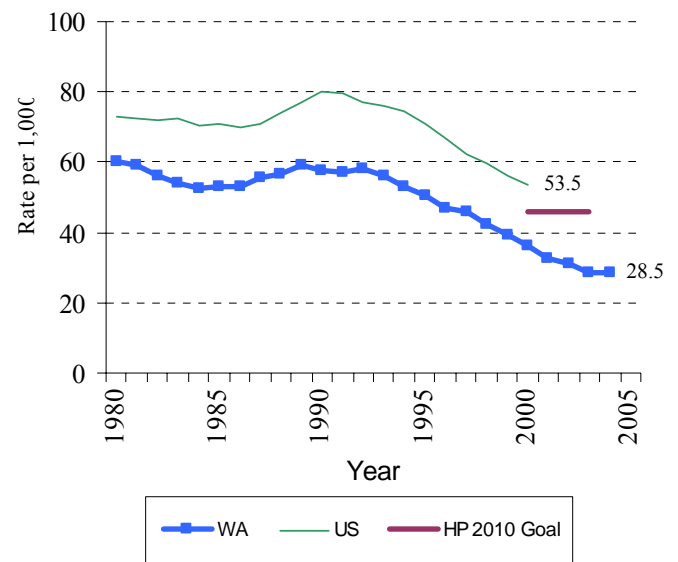
Chlamydia infection rates are three times higher among females than the rates among males. This is in part because females are selectively tested more frequently and therefore diagnosed more often.<sup>62</sup>

Teens living in rural areas or large towns are more likely to give birth than teens living in urban areas.<sup>63</sup>

## Activities

OMCH provides technical and or financial support to other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities to deliver direct services, develop health education materials, conduct research, and build systems to improve public health. Listed below are some examples of direct services, policy development, education, and research and surveillance activities supported by OMCH that promote sexual health and responsibility among adolescents and women.

**Adolescent Pregnancy Rate  
Ages 15-17  
WA and US, 1980-2004**



<sup>†</sup>Note: Unintended pregnancy is an ambiguous concept that is imperfectly measured. Pregnancy intention may vary depending on when in relation to the pregnancy it is collected and the concept of intending or planning pregnancies may be influenced by cultural perceptions. In Washington, data on pregnancy intention is collected from women who have delivered live births. Women who avoid unintended pregnancies are excluded from this measure, potentially influencing the results.

# Pregnant Women and Women of Childbearing Age

## Direct Services

- ♦ Provide information about family planning resources, referrals, and insurance for low-income women to First Steps providers.
- ♦ Support the Family Health Hotline<sup>s</sup> for information and referrals.

## Policy Development

- ♦ Support the Family Planning Program's efforts to ensure access to family planning services for non-citizens.
- ♦ Monitor legislation and develop policies that work to promote sexual health.
- ♦ Provide information to legislators on abstinence-only education, pregnancy statistics, and unintended pregnancy as requested.

## Education

- ♦ Include messages about birth spacing in CHILd Profile Health Promotion materials.
- ♦ Disseminate the HIV testing card that was developed for health care providers.
- ♦ Disseminate *9 Months to get Ready* and the Department of Health (DOH) Birth Control brochure.
- ♦ Educate First Steps providers regarding STDs and family planning.
- ♦ Promote dissemination of pre-exposure emergency contraception by providers.
- ♦ Provide education/updates regarding STD screening and treatment to health care providers.
- ♦ Educate obstetrics and primary care providers about the Medicaid *Take Charge* program and about the use and availability of emergency contraception.

# Infants, Children, and Youth<sup>t</sup>

## Direct Services

- ♦ Implement and evaluate five community-based teen pregnancy prevention projects that provide counseling, testing, and referrals to family planning services.
- ♦ Implement and evaluate approximately 12 abstinence-focused peer-to-peer media literacy projects across the state.

## Policy Development

- ♦ Promote the long term view of healthy attachment and its relationship to healthy outcomes including sexually responsible people.
- ♦ Promote and monitor the use of the *Guidelines for Sexual Health Information and Disease Prevention*.
- ♦ Monitor and coordinate with partners on legislation related to policies that improve the sexual health status of youth.
- ♦ Monitor legislation regarding access to confidential health services by youth.
- ♦ Develop agency policy on human papillomavirus (HPV) vaccine and its effect on adolescent reproductive health.

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<sup>s</sup> The Family Health Hotline used to be known as Health Mothers Healthy Babies (HMHB) Hotline. The organization that operates the hotline recently changed its name from 'Healthy Mothers, Healthy Babies' to 'WithinReach: Essential Resources for Family Health' and it operates several other hotlines in addition to the Family Health Hotline.

<sup>t</sup> Infants are defined as those that are age birth to 1 year. Children are defined as those between the ages of 1 and 5 years. Youth are those between the ages of 6 and 18 years.

## Education

- ♦ Develop and distribute adolescent health fact sheets on teen sexuality.
- ♦ Provide resources and training on media literacy related to teen sexual behavior.
- ♦ Include sexuality information for families and providers in Children with Special Health Care Needs resource notebooks for adolescents in transition.
- ♦ Promote education of changing attitudes, practices, and values about sexuality and their influence on health and sexual relationships.

## Research and Surveillance

### Data

- ♦ Develop a plan to address inclusion of questions assessing sexual behavior on the Healthy Youth Survey.
- ♦ Provide regular updates to the Adolescent Pregnancy and Childbearing chapter in the *Health of Washington State*.
- ♦ Use Pregnancy Risk Assessment and Monitoring System (PRAMS) and Behavioral Risk Factor Surveillance Survey (BRFSS) data and explore other methods to measure unintended pregnancy.

### Best Practices

- ♦ Evaluate all programs to determine efficacy and to measure progress.
- ♦ Use a comprehensive approach (abstinence and protection) towards teen pregnancy prevention and sexuality education.
- ♦ Provide education and resources on human papilloma virus (HPV) vaccine when it becomes available.
- ♦ Preconception HIV testing and Chlamydia screening for women.
- ♦ Pre-exposure dissemination of emergency contraception to women.
- ♦ Use of condoms to prevent STDs/HIV.

## Other Public Health Agendas

By identifying sexually responsible and healthy adolescents and women as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining sexual responsibility and health.

## Healthy People 2010

Healthy People 2010 identifies ten leading health indicators<sup>64</sup> for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives, which are categorized by 28 focus areas, will be used to measure the health of the nation over the next ten years. The most salient leading health indicator for this priority is "Responsible sexual behavior."

Some of the Healthy People 2010 objectives selected to measure outcomes related to responsible sexual behavior in the maternal and child population are:<sup>u</sup>

- Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active (25-11).
- Increase the proportion of pregnancies that are intended (9-1).
- Reduce pregnancies among adolescent females (9-7).
- Increase the proportion of sexually active, unmarried adolescents aged 15 to 17 years who use contraception that both effectively prevents pregnancy and provides barrier protection against disease (9-10).
- Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections (25-1).
- Reduce the proportion of births occurring within 24 months of a previous birth (9-2).

## Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)<sup>65</sup> identifies five key determinants of health: environment (5%), medical care (10%), social circumstances (15%), genetics (30%), and behavior (40%). The PHIP focuses attention on the determinants that have the greatest effect on health and well-being. Fifty-two health status indicators have been established under six broad areas. One of these areas is 'how safe and supportive are our families.' The indicator most related to sexually responsible and healthy adolescents and women is the percent of pregnancies that were intended.

## Department of Health Strategic Plan

The Department of Health Strategic Plan<sup>66</sup> created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include using the PHIP key health indicators to guide decision-making and addressing the incidence of chronic disease, injury, and the spread of communicable disease. This includes the indicators described above for assessing outcomes related to sexual responsibility and health.

## Division of Community and Family Health Strategic Plan

The CFH Strategic Plan is under development. A discussion about how it is connected to this priority will be added later.

## Related Issues

Other OMCH priorities encompass issues related to sexually responsible and healthy adolescents and women. Information about healthy relationships, cognitive development, access to prenatal care, screening for drug and alcohol use during pregnancy and adolescence, and quality screening, identification, intervention, and care coordination can be found in the following OMCH Priority Issue Briefs: Optimal Mental Health and Healthy Relationships; Healthy Physical Growth and Cognitive Development; Access to Preventive and Treatment Services; and Quality Screening, Identification, Intervention, and Care Coordination.

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<sup>u</sup> The number in parentheses represents the objective number. Healthy People 2010 objectives can be found in Healthy People 2010 Volumes I and II: <http://www.healthypeople.gov/Publications/>.

# OMCH Priority Issue Brief

## OMCH Priorities

Adequate nutrition  
and physical activity

Lifestyles free of  
substance use and  
addiction

Optimal mental  
health and healthy  
relationships

Health Disparities  
(TBD)

Safe and healthy  
communities

Healthy physical  
growth and cognitive  
development

Sexually responsible  
and healthy  
adolescents and  
women

## Access to preventive and treatment services

Quality screening,  
identification,  
intervention, and  
care coordination

## Promote Access to Preventive and Treatment Services

### Focus

This priority focuses on promoting availability, affordability, and accessibility of both preventive and treatment services for the maternal and child population. This includes addressing issues related to provider-patient relationships, care coordination, and insurance coverage. Prevention and treatment services for the maternal and child population include: primary care, well-child and well-woman care, prenatal care, medical homes and care coordination, oral health, mental health, family planning, immunizations, and substance abuse treatment.

This priority addresses the relationship between improved access to health care services and subsequent improved general health outcomes. For example, families who have easily accessible preventive health care services require fewer costly emergent care services. This relationship is made clear by the effectiveness of prenatal care including screening for risk factors associated with poor birth outcomes.

### Objectives and Expectations

Increasing the number of women, children, and families in Washington who receive needed preventive and treatment health services is a high priority.

Through promoting availability, affordability, and accessibility of health services, we expect:

- ♦ More women will receive adequate prenatal care;
- ♦ More women, infants, and children will benefit from early identification and treatment of medical conditions;
- ♦ More women will receive screening and interventions for pregnancy risks including violence, substance abuse, tobacco and HIV testing; and
- ♦ More families will have adequate health insurance and receive appropriate and timely health services, better care coordination through medical homes, and better overall health services.

# Key Data from Washington

## Access to Prenatal/Postpartum Care

Among the respondents to the 2003 Pregnancy Risk Assessment Monitoring System (PRAMS) survey who did not get prenatal care in the first trimester, 35% of them could not get an appointment and 30% of them did not have money or insurance to pay for an appointment.<sup>67</sup>

In 2004, 64.3% of women receiving Medicaid received a postpartum visit from a healthcare provider, which is higher than the national average rate of 55%.<sup>68</sup>

## Health Insurance

The percent of people in Washington with incomes below 100% of the federal poverty level (FPL) who did not have health insurance increased from 18% in 2002 to 23% in 2004. In addition, the number of people with incomes below 100% of the FPL increased substantially during this time period. The uninsured rate for those with incomes between 100% and 300% of the FPL stayed relatively stable between 2002 and 2004.<sup>69</sup>

Children with special health care needs are likely to lack adequate health insurance coverage for the services needed to manage their condition.<sup>70</sup>

## Access to Treatment Services

The 2002 Washington State Behavioral Risk Factor Surveillance Survey (BRFSS) results showed that 77% of adults in Washington have one main personal medical provider. Of those respondents, 86% go to a doctor's office and 5% go to a public health or community clinic.<sup>71</sup>

## Access to Preventive Services

The National Immunization Survey provides estimates of vaccination coverage among children 19-35 months of age for each of the 50 states and 28 selected urban areas. Washington's estimated immunization rate for the 4:3:1:3:3 series<sup>v</sup> was 75.3% ( $\pm 4.6$ )<sup>72</sup> in 2003, the rate increased to 77.7% ( $\pm 4.6$ )<sup>73</sup> in 2004.

## Disparities

A recent three-year study found that children enrolled in Medicaid use fewer preventive services, more emergency services, and have higher hospitalization rates and more serious exacerbations of conditions that are treatable on an outpatient basis than children not enrolled in Medicaid.<sup>ii</sup>

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<sup>v</sup> Comprises  $\geq 4$  doses of diphtheria and tetanus toxoids and pertussis vaccine, diphtheria and tetanus toxoids, and diphtheria tetanus toxoids, and acellular pertussis (DTP/DT/DTaP) vaccine;  $\geq 3$  doses of poliovirus vaccine;  $\geq 1$  dose of measles-containing vaccine (MCV);  $\geq 3$  doses of haemophilus influenzae type B vaccine (Hib); and  $\geq 3$  doses of hepatitis B vaccine (hep B)

# Activities

OMCH provides technical and/or financial support to other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities to deliver direct services, develop health education materials, conduct research, and build systems to improve public health. Activities that promote access to preventive and treatment services largely consist of infrastructure-building activities that increase access to and expansion of insurance coverage, improve care coordination provided by state, local, and private partners, and promote best practices.

Listed below are some OMCH-supported activities related to promoting access to preventive and treatment services. The activities are categorized by what they primarily aim to influence: affordability, availability, and accessibility. Examples of data collection and best practices are also provided.<sup>w</sup>

## Pregnant Women and Women of Childbearing Age

### Affordability

- ♦ OMCH supports laboratory services for testing pregnant women for hepatitis B.
- ♦ OMCH supports policies to make prenatal genetic services a mandatory health insurance benefit.

### Availability

- ♦ Local health jurisdictions receive funding to support infrastructure for immunization programs and regional genetics clinics.
- ♦ The perinatal regional program collaborates with the Department of Social and Health Services (DSHS) Health and Recovery Services Administration (HRSA) to contract with geographically strategic healthcare institutions to coordinate and implement state and regional quality improvement projects to decrease poor pregnancy outcomes.
- ♦ The Perinatal Advisory Committee strives to improve relationships and communication between licensed midwives and physician obstetrics providers.

### Accessibility

- ♦ The Family Health Hotline<sup>x</sup> connects families to needed services.
- ♦ OMCH works with HRSA to improve the referral system for Maternity Support Services (MSS), Infant Case Management, and family planning programs.
- ♦ Contracts with private health care providers facilitate the delivery of vaccines to children.
- ♦ Health and social services providers are educated about best practices for delivering genetic services.
- ♦ Proposed future accessibility activities include
- ♦ Activities that strengthen linkages and referrals to mental health services.

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<sup>w</sup> Infants are defined as those that are age birth to 1 year. Children are defined as those between the ages of 1 and 5 years. Youth are those between the ages of 6 and 18 years. Some activities target all ages and or apply to families.

<sup>x</sup> The Family Health Hotline used to be known as Health Mothers Healthy Babies (HMHB) Hotline. The organization that operates the hotline recently changed its name from 'Healthy Mothers, Healthy Babies' to 'WithinReach: Essential Resources for Family Health' and it operates several other hotlines in addition to the Family Health Hotline.

## Infants, Children, and Youth

### **Affordability**

- ♦ The Children with Special Health Care Needs (CSHCN) program maintains a ‘last-resort’ fund for eligible families to pay for needed services not covered by other sources.
- ♦ All children in Washington State receive required vaccines at no cost from public and private health care providers.
- ♦ Health system issues including Medicaid and other health plan benefits packages that affect services for children with special health care needs are identified and addressed.
- ♦ Local health jurisdictions work with dental care providers within their communities to improve oral health.
- ♦ Proposed future activities include:
- ♦ Working with HRSA on issues related to access to affordable health services.

### **Availability**

- ♦ OMCH promotes medical homes to improve well child and preventive care and to coordinate comprehensive care for children with special needs.
- ♦ OMCH identifies and maintains networks of nutritionists, feeding teams, maxillofacial review boards, and medical home teams.
- ♦ All infants born in Washington are screened for specific metabolic and hearing disorders at birth and receive appropriate follow up.
- ♦ OMCH supports the infrastructure of the neurodevelopmental centers’ network.
- ♦ Local health jurisdictions work with dental care providers to develop coalitions to increase the number of dentists who provide services to children, especially toddlers.
- ♦ Access to Baby and Child Dentistry (ABCD) programs operate throughout Washington with support from OMCH.
- ♦ Health care providers in King County receive training for treating children through the Kids Get Care proviso.
- ♦ Vaccines for required childhood immunizations are distributed throughout the state to local health jurisdictions and private health care providers at no cost to patients or providers.
- ♦ Newborn specialty clinics provide nutritional and other services to infants and children with disorders identified through newborn screening.

### **Accessibility**

- ♦ MSS and Infant Case Management programs promote linkages to pediatric care and other needed services.
- ♦ CHILDP Profile Health Promotion materials provide reminders and resources to parents of children age birth to six years.
- ♦ Health and social services providers are educated about best practices for delivering genetic services.
- ♦ Local CSHCN Coordinators link families to needed services.
- ♦ OMCH supports one school-based health clinic and three community-based family planning services agencies.
- ♦ OMCH monitors legislation that affects the age of consent for reproductive, mental health, and other health care services.
- ♦ Proposed future accessibility activities include:
- ♦ Integrating the medical home model to increase access to coordinated services for school-aged children and their families.
- ♦ Using the Healthy Youth Survey and the Smile Survey to measure frequency of dental and well-child screenings.

6/23/2006



- ♦ Using the Department of Health Coordinated School Health Grant to explore access to school-based health services.

## Families

### **Affordability**

- ♦ OMCH supports community-based disability awareness programs that select and develop access initiatives.

### **Availability**

- ♦ OMCH coordinates participation in disability and health programs in five counties.

### **Accessibility**

- ♦ Parent organizations distribute health and resource information to families.
- ♦ OMCH supports the development of community-based programs to improve access for persons with disabilities.

## Research, Surveillance, and Best Practices

### **Data**

- ♦ Medical home usage is measured through the National CSHCN Survey.
- ♦ Newborn screening surveillance and tracking data are collected to measure rates of specific disorders and success of follow up and treatment.
- ♦ Information on accessing oral health services throughout the state is collected through the Smile Survey.
- ♦ Proposed future data and best practices activities include:
- ♦ Changing the data source for immunization rates to the CHILD Profile Registry.

### **Best Practices**

- ♦ Professional organization guidelines and policy statements regarding delivering genetic services such as those developed by the American College of Obstetricians and Gynecologists, the American College of Medical Genetics, and the Institute of Medicine are used to inform and educate health care providers.
- ♦ Hospital newborn screening and audiologic diagnostic confirmation of hearing loss in infants are best practice examples for population screening.
- ♦ Protocols for children who are deaf or hard of hearing are examples of best practices for early intervention practices.
- ♦ Collaborative efforts to support early diagnosis and interventions identified by the WISE grant.
- ♦ The 2005 Kids Get Care budget proviso is a best practices example of educating health care providers to serve children.
- ♦ Immunization practices are evaluated and improved using Assessment Feedback Incentives and eXchange (AFIX) protocols and standards.

## Other Public Health Agendas

By identifying promoting access to preventive and treatment services as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the

needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), and the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of promoting access to preventive and treatment services in improving public health.

## Healthy People 2010

Healthy People 2010 identifies ten leading health indicators<sup>74</sup> for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making and will be used to measure the health of the nation over the next ten years. The leading health indicator related to OMCH's goal to promote access to preventive and treatment services is "Access to health care."

Some of the Healthy People 2010 objectives selected to measure progress for these indicators in the maternal and child population are:<sup>y</sup>

- ♦ Increase the proportion of persons who have a specific source of ongoing care. (1-4)
- ♦ Increase the proportion of persons with health insurance. (1-1)
- ♦ Maintain vaccination coverage levels for children in licensed day care facilities and children in kindergarten through the first grade. (14-23)
- ♦ Increase the proportion of pregnant women who receive early and adequate prenatal care. (16-6)

## Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)<sup>75</sup> identifies five key determinants of health: environment (5%), medical care (10%), social circumstances (15%), genetics (30%), and behavior (40%). The PHIP focuses attention on the determinants that have the greatest effect on health and well-being. Fifty-two health status indicators have been established under six broad categories. One of the categories contains indicators for access to health services. Indicators that measure access for the maternal and child population include the percent of households unable to obtain health care or experiencing a delay or difficulty in obtaining health care and the rates of vaccine-preventable diseases.

## Department of Health Strategic Plan

The Department of Health Strategic Plan<sup>76</sup> created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department and using the PHIP key health indicators to guide decision-making. This includes the indicators described above for assessing access to health services. The second objective for this goal is to improve the quality of public health and health care services, which includes a strategy to assist communities in addressing access to care.

## Community and Family Health Strategic Plan

The Division of Community and Family Health within the Washington State Department of Health developed a strategic plan that describes the goals, objectives, and themes of the Division's work for 2006 - 2008. Six themes contribute to the goal of improving the health status of people in Washington State. The OMCH priority of

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<sup>y</sup> The number in parentheses represents the objective number. Healthy People 2010 objectives can be found in Healthy People 2010 Volumes I and II: <http://www.healthypeople.gov/Publications/>.

promoting access to preventive and treatment services is encompassed by three of these themes: address health disparities; improve quality of care; and improve access to health care systems. Strategies for addressing these themes include: identify and share strategies to reduce or eliminate health disparities, develop or improve tools for providers, and educate clients on where to go and how to use needed services.

## Related Issues

Other OMCH priorities encompass issues related to access to preventive and treatment services. Information about related issues can be found in this issue brief: Screening, Identification, Intervention, and Care Coordination.

## OMCH Priorities

Adequate nutrition  
and physical activity

Lifestyles free of  
substance use and  
addiction

Optimal mental  
health and healthy  
relationships

Health Disparities  
(TBD)

Safe and healthy  
communities

Healthy physical  
growth and cognitive  
development

Sexually responsible  
and healthy  
adolescents and  
women

Access to preventive  
and treatment  
services

**Quality  
screening,  
identification,  
intervention,  
and care  
coordination**

## Quality Screening, Identification, Intervention, and Care Coordination

### Focus

This priority focuses on promoting high quality health care for the maternal and child population. The focus for children and adolescents is on promoting screening, identification, and intervention for 1) physical and developmental disabilities; 2) neurological disorders and social, emotional, and behavioral challenges; and 3) chronic and non-chronic health conditions. This priority also emphasizes medical homes, care coordination, Early Periodic Screening, Diagnosis and Treatment (EPSDT) visits, and immunizations for children and adolescents.

The focus of this priority for pregnant women is on best practices for prenatal care. Best practices include identifying and managing health conditions such as 1) hypertension and diabetes; 2) tobacco use; 3) substance abuse; 4) violence; 5) HIV status; 6) risk for genetic conditions; 7) immunization coverage; 8) high risk delivery factors; and 9) emerging perinatal issues. There is also an emphasis on providing counseling, education, and referrals for genetic services, nutrition, breastfeeding, and parenting skills. For women of childbearing age, this priority focuses on screening, identifying, and managing chronic health conditions including hypertension, diabetes, obesity, genetic conditions, substance abuse, and mental health disorders. It also focuses on promoting safe and effective contraception for women.

### Objectives and Expectations

The objective of this priority is to increase the number of women and children who receive immunizations as recommended, screening for conditions that could delay learning and development, prenatal care that will lead to healthy pregnancies and desirable birth outcomes, and coordinated, culturally sensitive, family-centered health care within a medical home. Efforts that support this priority will result in high quality, evidenced-based health care for women and children in Washington. We expect that these efforts will result in earlier identification of risk factors and conditions that can be addressed through appropriate interventions to prevent further complications.

# Key Data from Washington

## Prenatal Care and Care for Non-Pregnant Women of Childbearing Age

In 2004, approximately 73% of women in Washington over the age of 18 years have had a mammogram in the past two years and seventy-five percent have had a pap smear within the past three years.<sup>77</sup> In 2001, approximately 93% of adult women reported ever having a clinical breast exam.<sup>78</sup>

The following table shows the percentage of pregnant women who reported being screened by their providers for smoking, alcohol use, illegal drug use, HIV status, and postpartum birth control plans.

	<b>Smoking (%)</b>	<b>Alcohol Use (%)</b>	<b>Drug use (%)</b>	<b>HIV Status (%)</b>	<b>Postpartum Birth Control (%)</b>	<b>Abuse (%)</b>	<b>Combined* (%)</b>
<b>2000</b>	70.4	82.6	67.9	80.2	90.1	50.9	47.6
<b>2001</b>	71.8	82.1	73.9	85.3	88.7	59.5	55.5
<b>2002</b>	69.7	83.5	72.2	82.5	87.5	59.6	52.4
<b>2003</b>	68.3	83.3	72.6	81.4	88.5	61.5	54.9

\*Combined total includes those women who received genetic counseling

## Children with Special Health Care Needs and Adolescent Health

In Washington State, 45% of children with special needs had a medical home compared to 49% of children without special needs.<sup>79</sup>

Youth with a disability were less likely to report a dental visit in the past year compared to those without a disability.<sup>80</sup>

Data from the 2004 Healthy Youth Survey show that 60% of 8<sup>th</sup> graders, 63% of 10<sup>th</sup> graders, and 59% of 12<sup>th</sup> graders received a physical exam (check-up) in the previous year.

## Oral Health

Many children are not getting the dental care they need. The 2005 Washington State Smile Survey showed that about 20% of 2nd-3rd graders experienced untreated decay and only 45% had received dental sealants.<sup>81</sup> In 2004, 72% of 8<sup>th</sup> graders, 74% of 10<sup>th</sup> graders, and 73% of 12<sup>th</sup> graders received a dental visit or cleaning within the past year.<sup>82</sup>

Pregnancy Risk Assessment and Monitoring System (PRAMS) data for 2001-2003 show that about 28% of mothers overall reported needing to see a dentist for a problem during their pregnancy. Women on Medicaid were much more likely to report a dental problem than Non-Medicaid women.<sup>83</sup>

## Disparities

In 2001-2003, those women who were over age 19 years and White, Asian, or Non-Hispanic and not receiving Medicaid were significantly more likely to begin prenatal services than other women.

Results from the 2000 BRFSS show that 64% of white women in Washington reported ever had a mammogram, compared to only 41% of black women and 37% of Hispanic women.<sup>84</sup>

In 2003, 49% of white children ages 0-17 years reported having a medical home compared with approximately 39% of black and 41% of Hispanic children. Additionally, older children were less likely to have a medical home than young children (0-3 years=62%, 4-7 years=52%, 8-11 years=44%, and 12-17 years= 41%).<sup>85</sup>

## Activities

OMCH provides technical and or financial support to other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities to deliver direct services, develop health education materials, conduct research, and build systems to improve public health. Activities that promote quality screening, identification, intervention, and care coordination aim to increase utilization of a continuum of health care services in order to improve long-term health outcomes and conserve the use of health care resources by reducing the demand for costly resource-intensive care for chronic or advanced conditions. Described below are some OMCH-supported activities and outcomes for specific populations related to quality screening, identification, intervention, and care coordination.

### Pregnant Women and Women of Childbearing Age

Screening, identification, intervention, and care coordination activities for pregnant women and women of childbearing age emphasize best practices for prenatal care and screening and identifying and managing chronic health conditions. They also focus on genetic services, nutrition, breastfeeding, parenting skills, and safe and effective contraception.

#### Screening

- ♦ Maternity Support Services (MSS) and Infant Case Management (ICM) providers screen for tobacco use, signs of domestic violence, family planning needs, drug and alcohol abuse, HIV infection, and nutrition needs.
- ♦ Proposed future screening activities include:
- ♦ Working with the Department of Social and Health Services (DSHS) Health and Recovery Services Administration (HRSA) to conduct a prenatal chart audit to look for notes regarding tobacco use, signs of domestic violence, family planning needs, drug and alcohol abuse, HIV, nutrition needs, and immunizations;
- ♦ Initiating an MSS and ICM documentation project; and
- ♦ Developing a self assessment tool based on best practices for providers.

#### Identification

OMCH supports services that identify and diagnose conditions in pregnant women and women of childbearing age. These services are delivered through a variety of programs and health care providers such as:

- ♦ Tertiary perinatal centers;
- ♦ Regional Genetics Clinics;
- ♦ MSS and ICM providers; and
- ♦ Community Services Offices.

#### Intervention Strategies

Examples of OMCH supported intervention strategies for pregnant women are:

- ♦ Tertiary perinatal care
- ♦ Perinatal Advisory Committee activities
- ♦ MSS and ICM core services
- ♦ CHILD Profile health promotion messages;
- ♦ Efforts to inform providers about the prenatal HIV testing and counseling procedures required by Washington State law

## **Care Coordination**

- ♦ MSS and ICM protocols include linking clients to other services.

## **Infants, Children, and Youth<sup>z</sup>**

Screening, identification, intervention, and coordination activities for children and adolescents focus on 1) physical and developmental disabilities; 2) neurological disorders and social, emotional, and behavioral challenges; and 3) chronic and non-chronic health conditions. The activities also emphasize medical homes, care coordination, Early Periodic Screening, Diagnosis and Treatment (EPSDT) visits, and immunizations.

### **Screening**

- ♦ Newborns are screened for metabolic disorders and hearing loss.
- ♦ Health care providers screen for and report certain birth defects to health departments for inclusion in the birth defects registry.
- ♦ OMCH promotes the use of EPSDT services.
- ♦ Health care providers, care givers, and schools screen infants, children, and adolescents for immunizations.
- ♦ OMCH promotes the use of the Bright Futures guidelines for well-child screening.
- ♦ Primary health care providers are advised to screen children and adolescents for oral health, mental health, substance abuse, and sexual activity indicators.
- ♦ OMCH promotes oral health screening in Head Start and Early Childhood Education and Assistance Program (ECEAP) settings.
- ♦ OMCH partners with the Office of the Superintendent of Public Instruction (OSPI) for school-based screening programs.

### **Identification**

OMCH supports services that identify and diagnose conditions in infants, children, and youth. These services are delivered through a variety of programs and health care providers such as:

- ♦ Medical Homes
- ♦ Audiologists
- ♦ Neurodevelopmental Centers
- ♦ MSS and ICM providers
- ♦ Child Care Health Consultants in local health agencies
- ♦ School Nurses

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<sup>z</sup> Infants are defined as those that are age birth to 1 year. Children are defined as those between the ages of 1 and 5 years. Youth are those between the ages of 6 and 18 years. Some activities target all ages and or apply to families.

## **Intervention Strategies**

Examples of OMCH supported intervention strategies for infants, children, and youth are:

- ♦ Neurodevelopmental Centers and Early Intervention providers
- ♦ Parent to Parent and the Washington State Father's Network
- ♦ Promotion of medical homes
- ♦ Child Care Consultants
- ♦ Universal access of vaccines for children
- ♦ CHILD Profile health promotion reminders for immunizations and well-child care
- ♦ Develop a statewide adolescent health plan
- ♦ Distribute Adolescent Health Fact Sheets

## **Care Coordination**

- ♦ Children with Special Health Care Needs (CSHCN) Coordinators, Child Care Coordinators, and Oral Health Coordinators in local health agencies link infants, children, and adolescents to health care resources.
- ♦ The Early Hearing Loss Detection, Diagnosis, and Intervention program ensures that infants receive appropriate follow up and intervention services.
- ♦ The First Steps ICM program provides home visits to infants and their families.
- ♦ Maxillofacial Review teams in four locations across the state coordinate services and interventions for children with maxillofacial or craniofacial diagnoses.

## **Families**

### **Screening**

OMCH participates in the Family Voices-Bright Futures project to assess the effectiveness of Bright Futures materials for families with children with special health care needs.

### **Identification**

OMCH identifies parents of children with special health care needs for training in leadership activities and care coordination.

## **Intervention Strategies**

Examples of OMCH supported intervention strategies for families are:

- ♦ Family leadership is developed to promote inclusion of families in program planning and policy development.
- ♦ Washington State Parent to Parent and the Washington State Father's Network are supported to provide outreach, information, and connections for families of children with special needs.
- ♦ Parent resources are developed and distributed to help families become knowledgeable partners with professionals in making decisions about their children with special needs.
- ♦ OMCH employs a family consultant who takes a leadership role in activities to increase family involvement in children with special health care needs (CSHCN) policy and program development.

## **Research, Surveillance, and Best Practices**

Data sources for information about screening, identification, intervention, and coordination for pregnant women, women of childbearing age, infants, children, and adolescents include:



- ♦ Vital records such as birth and death certificates
- ♦ Pregnancy Risk Assessment and Monitoring System (PRAMS)
- ♦ First Steps Database
- ♦ Regional Genetics Clinics data
- ♦ Behavioral Risk Factor Surveillance System (BRFSS)
- ♦ CHILD Profile Immunization Registry
- ♦ National Immunization Survey
- ♦ National Survey of Children with Special Health Care Needs
- ♦ School and child care immunization reports

Examples of materials that inform providers and consumers about best practices for screening, identification, intervention, and care coordination for pregnant women, women of childbearing age, infants, children, and adolescents include:

- ♦ Domestic violence and pregnancy materials
- ♦ Information about substance abuse during pregnancy
- ♦ Delivery checklists for screening and management of HIV infection among pregnant women
- ♦ Materials about smoking cessation during pregnancy
- ♦ CHILD Profile health promotion materials
- ♦ Training materials for MSS and ICM providers
- ♦ Child Health Notes on a variety of topics including medical home and hearing and vision screening
- ♦ Bright Futures materials
- ♦ “Transition Timeline for Children and Adolescents with Special Needs”
- ♦ “Practical Tips: Involving Family Consultants in Program and Policy Development”

## Other Public Health Agendas

By identifying quality screening, identification, intervention, and care coordination as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington’s public health system. Each of these emphasizes the importance of quality screening, identification, intervention, and care coordination in improving public health.

## Healthy People 2010

Healthy People 2010 identifies ten leading health indicators<sup>86</sup> for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives in 28 focus areas will be used to measure the health of the nation over the next ten years. Several of the leading health indicators including “Tobacco use,” “Substance abuse,” “Immunization,” and “Access to health care” are related to OMCH’s goal to promote quality screening, identification, intervention, and care coordination.

Some of the Healthy People 2010 objectives selected to measure progress for these indicators in the maternal and child population are:<sup>aa</sup>

- ♦ Increase smoking cessation during pregnancy. (27-6)

<sup>aa</sup> The number in parentheses represents the objective number. Healthy People 2010 objectives can be found in Healthy People 2010 Volumes I and II: <http://www.healthypeople.gov/Publications/>.

- ♦ Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days. (26-10a)
- ♦ Increase the proportion of children who have received dental sealants on their molar teeth. (21-8)
- ♦ Reduce chronic hepatitis B virus infections in infants and young children (perinatal infections). (14-2)
- ♦ Reduce new cases of perinatally acquired HIV infection. (13-17)
- ♦ Increase the proportion of adults with disabilities reporting satisfaction with life. (6-6)
- ♦ (Developmental) Increase the proportion of pregnant females screened for sexually transmitted diseases (including HIV infection and bacterial vaginosis) during prenatal health care visits, according to recognized standards. (25-17)

## Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)<sup>87</sup> identifies five key determinants of health: environment (5%), medical care (10%), social circumstances (15%), genetics (30%), and behavior (40%). The PHIP focuses attention on the determinants that have the greatest effect on health and well-being. Fifty-two health status indicators have been established under six broad categories. Indicators for access to health services and healthy behaviors are included in two of the categories. Indicators that represent the maternal and child population include 1) the percent of households unable to obtain health care or experiencing a delay or difficulty in obtaining health care; 2) the rates of vaccine-preventable diseases; 3) the percent of women who report smoking during the last three months of pregnancy; and 4) the percent of 10<sup>th</sup> graders who report drinking any alcohol in the past 30 days.

## Department of Health Strategic Plan

The Department of Health Strategic Plan<sup>88</sup> created seven long-term goals for public health with related objectives and strategies. Goals one and four encompass the OMCH priority of quality screening, identification, intervention, and care coordination. Goal one is to improve the health of all Washington State residents. The related objectives for this goal are to demonstrate improvement of health status for the people in Washington State and improve the quality of public health and health care services. The strategies for accomplishing these objectives include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department, using the PHIP key health indicators to guide decision-making, and assisting communities in addressing access to care. Goal four is “enhance strategic partnerships and collaborative relationships.” The related objectives for this goal include supporting partners in meeting community health goals through strategies such as supporting, evaluating, and disseminating best practices and providing community health assessment support.

## Community and Family Health Strategic Plan

The CFH Strategic Plan is under development. A discussion will be added at a later date.

## Related Issues

Other OMCH priorities encompass issues related to physical activity and nutrition. Information about physical activity and nutrition related to child and adolescent development and safe and healthy communities can be found in the following issue briefs: Healthy Physical Growth and Cognitive Development; Sexually Responsible and Healthy Adolescents and Women; Access to Preventive and Treatment Services; and Lifestyles Free of Substance Use and Addiction.

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